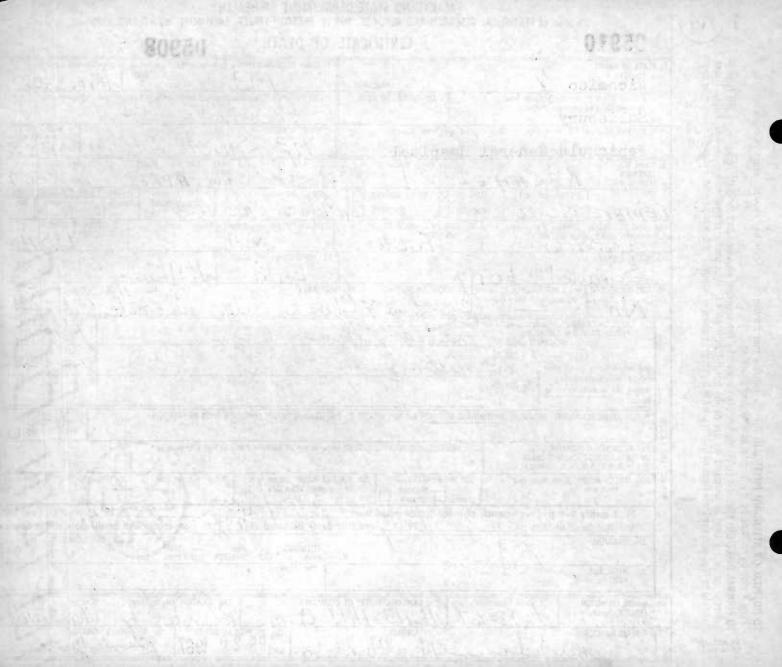
-	MARYLAND STATE DEPARTMENT OF HEALTH  Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	05909 CERTIFICATE OF DEATH 05907	/
y the funerol Poges 1 and urs after death	1. PLACE OF DEATH O. COUNTY Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before the county becomes a county becomes the county becomes the county of the c	STOC
nin 24 hours after filled in by the papers. Poges thin 72 hours after	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address)  Peninsula General Hospital  R. (	e. IS RESIDENCE ON A FARM? YES NO
completely for year of	3. NAME OF DECEASED (Type or print) Mazie 5: HUCKLE Alex OF DEATH Print 12  S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE In yeors IF UNDER 1 YEAR lost birthdoy) Months Days	1967
ficote be exec ysician ond co pleose remoy ol, and in ony	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & Stote, or foreign country)   12. CITIZEN O COUNTRY:    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. CITIZEN O COUNTRY:	
ne death certificote b ottending physician permit. Then pleose ion, or removol, and i	LARRY J. SHOCK LET. MAGGIE MITCHELL  15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no you unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  Address.  OCENY	PITYMO
equires that the physician. signed by the buriol-transit puriol, cremati	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost.  (c)	TERVAL BUTWEEN
AN: The law real or attending all or attending icate has been for use as the Heolth prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19.	WAS AUTOPSY PERFORMED? YES NO
DING PHYSICIAN: by the hospital or ther this certificate be detoched for u Stote Dept. of Heol	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED While Not While foctory, street, office bldg, etc.)	(Stote)
ATTENE etained CTOR: A should vith the	21. I certify that (I) (this haspital) attended the deceased fram 19 and that death accurred of M, from couses and on the data accurred of M, from couses and on the data accurred of M. STAFF 22b. DATE SIGNATURE	
O HOSPITAL OR Poge 4 may be r O FUNERAL DIRE director, poge 3 should be filed w	22c. PHYSICIAN'S NAME (Type)  23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	y) (State)
OL O	REMOVAL (Specify) 4/16/67 BETHEL WILLARDS WILLD WILLARDS	C-MD.

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		Upda Lamada		
	The state of the s			
1 1 1864 THE				

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05910 CERTIFICATE OF DEATH 24 haurs after death death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Wicomico a. STATE b. COUNTY MARYLAND by the f c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give neorest tawn) Salisbury e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS Peninsula General Hospital YES NO requires that the death certificate be executed within NAME OF DATE Day Year Lost DECEASED and camplete EL 19 (Type or print) DEATH Car IF UNDER 24 HRS S SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR NEVER MARRIED DATE OF BIRTH 7. MARRIED X lost birthdoy) Months Dovs Hours OIVORCED and in any WIDOWEO 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BARTHPLACE (County & State. ar foreign country) during most of working life, even if retired) COUNTRY INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Address 7/3 Short 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. (Yes, na ar wiknown) (If yes give wor ar dates af service) crematian, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per lipe for (o), (b) ond (c).) NSET AND DEATH -transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by burial Canditians, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse has been the priar ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO YES O FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. foctory, street, affice bldg. Not While 21. I certify that (I) (this hasgital) attended the deceased from and that death occurred of ? 196 sow the deceased alive on M. from causes and on the date stoted above. 22b. DATE SIGNED 220. SIGNATURE STAFF **ATTENDING** director, page 3 shauld be filed v M.D. PHYS. **OIRECTOR** 22d. ADORESS 22c. PHYSICIAN'S NAME (Type) 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (Caupty) (State) 23a. RURIAL, CREMATION REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



the State Department/al

poges I and z with,

File ond

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Health or its designated agent, prior to burial, cremation, or removal,

5 may be retained for yaur files.

VR A15ME 6M 1/66

Holloway & Co., Salisbury, Md.

in ony everat within 72 hours after death

FOR STATE

any delay is

pencil in Item 18. Give Poges 1, 2, and 3 to

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page

pending

writing the word

please execute the certificate, MEDICAL EXAMINER:

TO DEPUTY necessory,

This certificate should be executed within 24 hours ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH

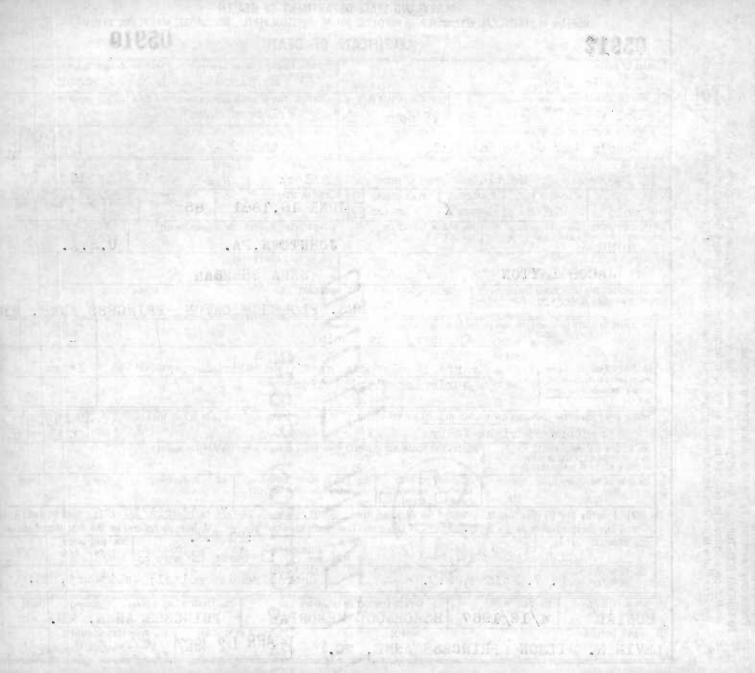
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

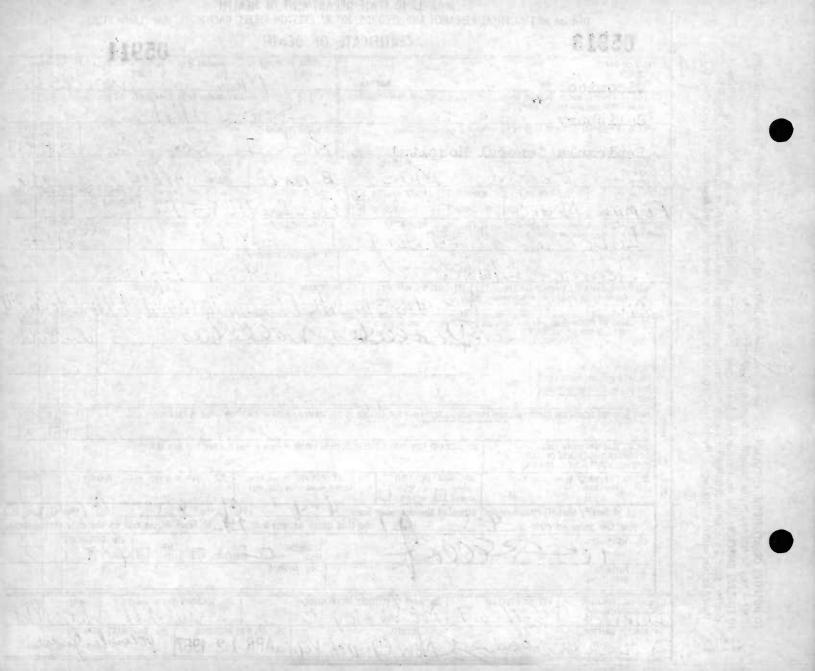
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MEDICAL EXAMINER'S CERTIFICATE OF DEATH

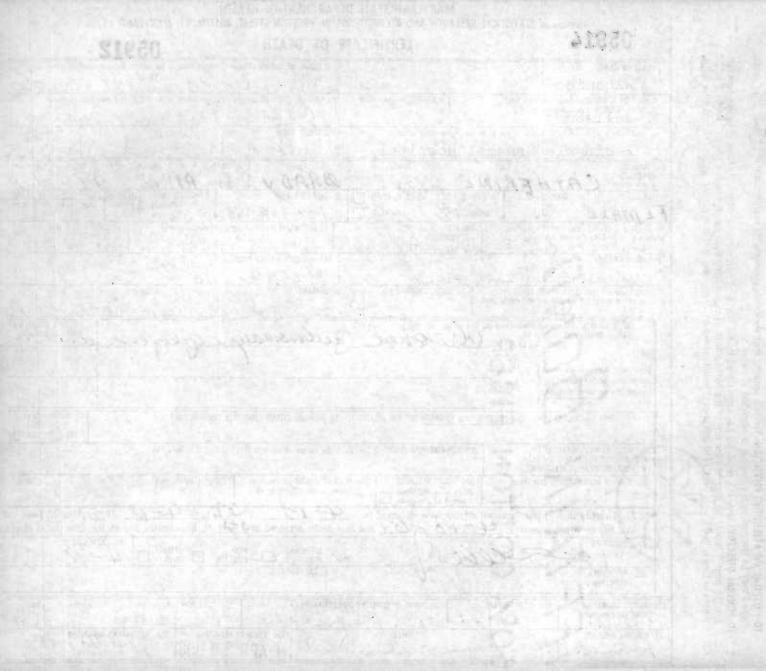
0001	A	MEDIC	AL EXAMINER	5 CERTIFICATE (	JI DEATH	3545	
I. PLACE OF DEATH					Where deceosed lived, if in		before admissian)
a. COUNTY	icomico		MARYLAND	o. STATE Man	vland b.	COUNTY Wico	mico
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY IN 1b		utside carporote limits, wri		
write RURAL an	d give nearest town)				isbury		27-1
d. NAME OF HOSPI	TAL OR INSTITUTION (If not	in hospital, give	e street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
	oute 3	, , , ,		Rot	ite 3		ON A FARM?
3. NAME OF	First		Middle	Lost	4. DATE	Manth	Doy Year
DECEASED	BENJA			BERGERON	OF	1-1-67	19
(Type or print) S. SEX		7. MARRIED	NEVER MARRIED	1 8. DATE OF BIRTH	9. AGE (In year	7 - 0	EAR   IF UNDER 24 HRS
M	W	WIDOWED D		2-3-1883	lost pirthd	(v) Manths D	avs Haurs Min
	N (Give kind af wark dane		OF BUSINESS OR	11. BIRTHPLACE (Stote			8 EN OF WHAT
during most af warking	life, even if retired)	INDU	ISTRY		.,	COUN	ITRY?
Retired-C	wner & Opera	ator He	staurant	North Car		VS	iA
				14. MOTHER'S MAIDEN			
John Berg		1		Emily May			
(Yes, na, or unknawn)	ER IN U.S. ARMED FORCES? (If yes give war ar dotes af	service)	CIAL SECURITY NO.	7. INFORMANI Mr. Norman R.D.#3. Sal	Guy Bergero	Address Nephew	)
No		22	0-07-8949	R.D.#3, Sal	isbury, Mar	yland	
	EATH (Enter only one coust						ONSET AND DEATH
PAKI I. DEA	TH WAS CAUSED BY:  IMMEDIATE CAUSE (c	Cor	onary occlu	sion			ONSET AND DEATH
476	DUE T	-					
Conditions, if ony		o) Art	eriosclerot	ic cardio-vas	cular diseas	60	years
stating the unde		0					
lost.	) (	c)					
PART II. OTHER S	GNIFICANT CONDITIONS CO	NTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	INDITION GIVEN IN PART 1	0)	19. WAS AUTOPSY PERFORMED?
ATIO							YES NO [3
20a. EXTERNAL CA		20b. DESCI	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1	8.)	
	INTRIBUTING [						
	URY Manth, Doy, Year	20d INJU		PLACE OF INJURY (Hame, for		rn) (Caunt	y) (Stote)
Haur a.	m. m 19	While of work	Nat While of wark	factory, street, affice bldg., etc	.)		
21 L certif	y that I tank charge			held an Autapsy	Inspection 🔼	Inquiry X,	and in my apinio
death resul	' /	causes X		Suicide . Hamicid			and in my apinio
dedili lesui	Nulli Nulliul	Cuoses [2L],	Accident	CHIEF MEDICA		d manner	
ACTUAL	/ End	5_			DICAL EXAMINER		22. DATE SIGNE
SIGNATURE EXAMINER'S.	rl L. Royer	M.D.		M.U.	AL EXAMINER X	April	1, 1967
NAME (Type) LL	9 Camden Ave		isbury, Md.		et, city, tawn, ar caunty)	*****	2, 2/01
23a. BURIAL, CREMATI	ON, 23b. DATE THER		23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City	or Town) (C	aunty) (Stote)
Burial Specific	v)			Memorial Par	ck Beltimo	re. Maryl	and
24. FUNERAL DIRECTO		170/	ADDRESS		D BY REGISTRAR 29	L DECKTDAD'S SIC	NAMOL
	Tr & Co So	1.2 -1	363	DAAP		Milarla	Judge

COCCUE TO A PROPERTY AND A SECURIOR STATE OF THE SECURIOR STATE OF 101012 THAT IS NOT THE TANK IN THE TA

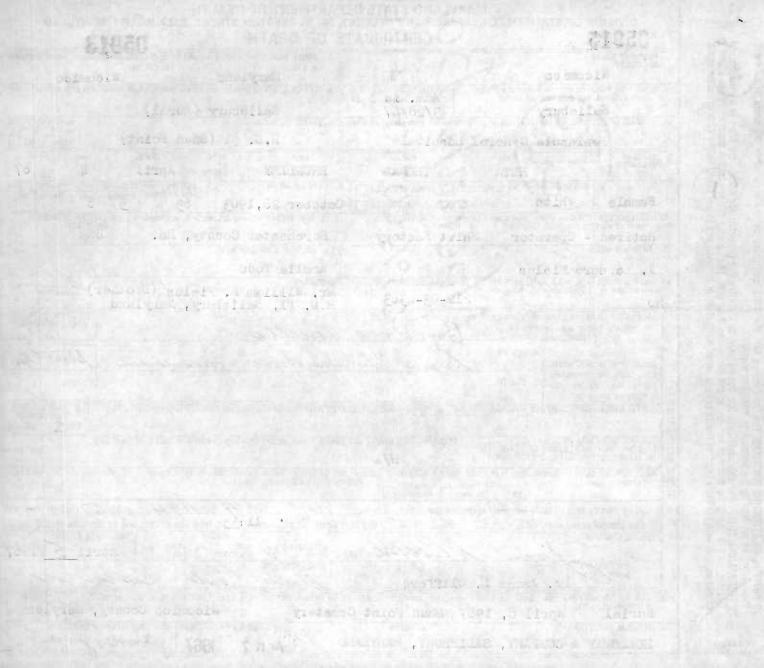




0011	RYLAND 21201
05914 CERTIFICATE OF DEATH	05912
1. PLACE OF DEATH  o. COUNTY  D. COUNTY  D. CITY OR TOWN (If autside corporate limits, write, RURAL, and give nearest town)  2. USUAL RESIDENCE (Where deceased lived, if inso, STATE b.)  o. STATE b.  c. CITY OR TOWN (If autside carporate limits, write, RURAL, and give nearest town)	stitutian: Residence befare odmissian) COUNTY ORCESTEP
b. CITY OR TOWN (If autside corporate limits, write, RURAL and give nearest town)  b. CITY OR TOWN (If autside carporate limits, write, RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (It autside carporate limits, write, RURAL and give nearest town)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Peninsula General Hospital  3. NAME OF  DECEASED  3. NAME OF  DECEASED  4. DATE  OF  DECEASED  OF  DECEASED	e RURAL and give neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Deninsula General Hospital  Control of Hospital	e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)  Peninsula General Hospital  3. NAME OF DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  DIVORCED  DIVOR	Month Day Year  12 19 6 7  rs   IF UNDER   YEAR   IF UNDER 24 HRS.
FEMALE VY WIDOWED DIVORCED DEC. 19 1880 lost birthda 86 y	y) Manths Days Haurs Min.
during most of working life, even if refired to NDUSTRY TO A CHILAD CLPITA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME	COUNTRY?
WALTER FLAVELL CATHERINE BA	21CKLEY Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, ar unknawn) (If yes give war or dates af service)  16. SOCIAL SECURITY NO.  17. INFORMANT  (Yes, no, ar unknawn) (If yes give war or dates af service)  18. CAUSE OF DEATH (Enter only one couse per line fet(a) (b) and (c))	DO GAN CITY M
PART I. DEATH WAS CAUSED BY:  [MANGDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY:  [MANGDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY:  [MANGDIATE CAUSE (c) PART I. DEATH WAS CAUSED BY:  [MANGDIATE CAUSED BY:	ans conserved death
DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)	
Starting the underlying course (c)	19. WAS AUTOPSY PERFORMED? YES \( \sqrt{N}\) NO \( \sqrt{V}\)
Stating the underlying cause (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18 of item 1	
20c. TIME OF INJURY Month, Day, Year Haur a.m.  p.m.  19  20d. INJURY OCCURRED While at wark a	n) (County) (State)
21. I certify that (I) (this hospital) attended the deceased fram 4.5, 190 to 4.5 saw the deceased alive an 4.1 saw that death accurred at 3.5 M, fram cau 220. SIGNATURE  M.D. PHYS.  M.D. PHYS.	
THE DESTANTING ATTENDING MED. STAFF	22b. DATE SIGNED
M.D. PHYS.  22c. PHYSICHAN'S  22d. ADDRESS  22d. ADDRESS	
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18  20c. TIME OF INJURY Month, Day, Year Haur a.m. p.m.  20c. TIME OF INJURY Month, Day, Year While at wark of twark  21. I certify that (I) (this hospital) attended the deceased from factory, street, office bldg., etc.)  22c. PHYSICHAN'S NAME (Type)  23o. BURIAL, CREMATION, REMOVAL (Specify)  23d. LOCATION (City or CREMATION)	or Town) (Caunty) (State)



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	05915 CERTIFICATE OF DEATH 05913
1.	a. COUNTY
-	Wicomico Maryland Wicomico
Г	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Adm. in 1 D  Salisbury  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Salisbury  (Rural)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
	Peninsula General Hospital R.D. #1 (Shad Point) YES NO
3	DECEASED OF A 1. C.
5	(Type or print)  RETA  THOMAS  BRUMBLEY  DEATH  APTIL  4 19 0 (  SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  P. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS    Iast birthday) Months   Days   Hours   Min.
	remale   white   widdwed X   Divorced   October 26, 1903   63 yrs.   5   8
10 di	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	Retired - Operator Shirt Factory Dorchester County, Md. USA
1	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17. INFORMANT Address
L,	es, no, or unkown) (If yes give war or dates of service) No  Mr. William L. Fields (Brother) R.D. #1. Salisbury. Maryland
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I DEATH WAS CAUSED BY.
	TOSU IMMEDIATE CAUSE (a) Sentiality Vasculus
	Conditions, If any, which ) by Lupus Erythematosis - desemination About you
	gave rise to immediate cause (a), stating the DUE TO
Z	underlying cause last. ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
ATIO	PARTITION FOR THE SEGMENT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  13. HAS ACROSS  YES X NO T
CERTIFICATION	
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   4
	21. I certify that (I) (this hespital) attended the deceased from 1964, to 4-4, 1967 that (I) (we) las
	saw the deceased alive on 4 = 4 19 62, and that death occurred at 1:55M, from the causes and on the date stated above
	M.D. ATTENDING MED. STAFF April 5/1967
	22c. PHYSICIAM'S NAME (Type) Dr. James L. Clifford Malial Ceila - Salubary Mel.
23	
_	a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL Specify April 8, 1967 Shad Point Cemetery Wicomico County, Maryland Address 125a. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE
2	The state of the s
=	HOLLOWAY & COMPANY, SALISBURY, MARYLAND DATE K 7 1967 JULY 1967



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05916 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH ope completely filled in by the funeral remove carbon papers. Pages Vand a. STATE b COUNTY o. COUNTY SUSS EX b. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) REE N WOOD Salisbury
d. NAME OF HOSPITAL OR MISTITUTION (If not in hospitol, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO NO Peninsula General Hospital 3. NAME OF 4. DATE Year Lost Month Doy DECEASED (Type or print) 19 67 ANNON DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11 RIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY please ELHWAR e FARMER FARM 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) all NOIN GROUER BRIDGEWILL INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: nulinum Predi virela IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise ta immediate couse (a), **DUE TO** stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been os the Heolth prior to 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES NO A Por 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Not While ot work 5-10 .1967 ta , 196 /, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 4 - 10 19 67, and that death accurred at 2. 2/4 M, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE 4-12-67 M.D. DIRECTOR PHYS. directar, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town). (County) (Stote) REMOVAL (Specify) RRIDGEVILLE SUSSEY RIDGEUILLE Gemeter RURIA 2Sb. REGISTRAR'S SIGNATURE 250 REC'D/BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ERINGTON DO DATAPR

a to the \$10H8 TO VICE THE TENED TO THE THE 

by the funeral death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL

TO FUNERAL

ACTOR: After this certificate has been signed by the attending physician and completely fit is director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15

## MARYLAND STATE DEPARTMENT OF HEALTH

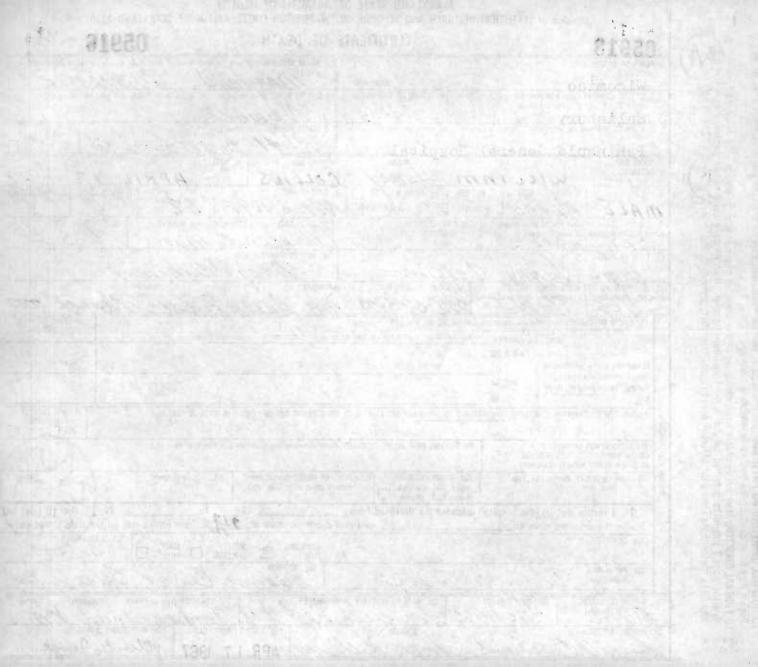
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEAT	H		2. USUAL RESIDENC	E (Where deceased lived, If institution	Residance before edmission)
a. COUNTY Wice	omi co	MARYLAND	• STATE Maryl		comico
write RURAL en	(if outsida corporate limits, d give necrest town) isbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate limits, write RURAL e	and give neerest lown)
		1 - 1 - 1 - 1 - 1 - 1 - 1	d. STREET ADDRESS	bury	I e. IS RESIDENCE
	omico Nursing F			inehurst Avenue	ON A FARM?
3. NAME OF	First	Middle	Lest	4. DATE Month	Dey Yeer
DECEASED (Type or print)	MINNIE	ANNETTE	CANTWELL	OF DEATH April	2 19 67
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In yeers   IF UNDER	
Female	mine a c		Tuly 5, 1886	80 yrs. 8 Months	Deys Hours Min.
done during most of w House World	orking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR			ITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Edward Ba	llard		Mary Ellen	Hall	
15. WAS DECEASED EN	/ER IN U.S. ARMED FORCES? Ifyes give were release of service)	16. SOCIAL SECURITY NO. 17. 1 219-34-3409	Mr. Larry B.	Phillips Salisbury, Marylan	d
I IB. CAUSE OF	DEATH [Enter only one cause ]	711 21 21	marr mirae	barrabury; mary ran	INTERVAL BETWEEN
	TH WAS CAUSED BY:	lynp howa.		had a said	out most,
2021	DUE TO				
Conditions, if en	y, which ) (b)				
gave rise to immed	DIJE TO				
(e), stating the cause last.	inderlying (c)				
		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	RT 1(e) 19. WAS AUTOPSY
CATIO					PERFORMED? YES NO .
OR CONTRIBUTING	AS UNDERLYING [ 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED  N/A	. (Enter neture of injury In F	Part I or Part II of item 1B.)	
3 20c. TIME OF INJ	JRY Month, Dey, Yeer   2		CE OF INJURY (Home, farm	, , =	ounty) (State)
20c. TIME OF INJ		While Not While fect	ory, street, office bldg., etc.		
A	that (I) (this hospital) al	itended the deceased from		. /	9, that (I) (we) last
7	sed alive of		death occurred at	M, from the causes and on	
22a SIGNATURE	14 Seleds	les "		AED. STAFF IRECTOR PHYS. AT	22b. DATE SIGNED 27/1967
12c. HYSICIAN'S	1	1-	22d. ADDRESS		
NAME (Type	Dr. E. M. Bear	rdsley	207 Maryl	and Ave., Salisbur	ry, Maryland
REMOVAL (Specify		23c. NAME OF CEMETERY		Salisbury, Mary	
Burial 24 FUNERAL DIRECTO	April 5,196	7 Wicomico Memo	25e. REC	'D BY REGISTRAR 256 REGISTRAR'	
		LISBURY, MARYLAN	400		

STREET STATE BY ADDIT OF THE DELL S, LINE unalytest, county per resou brelesse, didn't bles , ovice alon many real tolle are, bear and a real than TO LEAD TO THE . NO. 18 .. Soul Court, Sugar Land Man State of the State of Stat Constitute, Debugging to the constitute

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05918 requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Wicomico filled in by the fu n papers. Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (Wautside carparate limits, write RURAL and give nearest tawn) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address). d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO Peninsula General Hospital NAME OF 4. DATE Last Manth Day Year physician and complefely DECEASED ENRU WILL 19 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARKIED DATE OF BIRTH 7. MARRIED remaye birthday) Manths Days Hours WIDOWED DIVORCED any 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRIHPLACE (County & State, or foreign country) during moral working life, even if retired) INDUSTRY MABORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, offending phy permit. Then 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? Address permit. (Yes, no, arupknown) (If yes give war ar dates of service) Vrunek mi 18. CAUSE OF DEATH (Enter only one cause per line-(ar (a), (b), and (c).) INTERVAL BETWEEN buriol-tronsit p burial, cremati PART I. DEATH WAS CAUSED BY: ONSET AND DEATH releinsdelle IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if any, which gave Culiar rise ta immediate cause (a). DUE TO stating the underlying cause as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO F URCERY YES O FUNERAL DIRECTOR: After this certificate PHYSICIAN: For 205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City ar tawn) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Caunty) Hour a.m. Nat While factory, street, affice bldg., etc.) 19 at work at work pe 21. I certify that (1) (this hospital) attended the deceased from 19\_\_\_\_, that (1) (we) last 10 be retoined and that death occurred at 1 M, fram causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 14-67 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S director, po should be f NAME (Type) e VINS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ·23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) ANCEMLLE 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



CERTIFICATE OF DEATH 05913 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Wicounty b. COUNTY MARYLAND Maryland teemitee b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury Year's Sellehury d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Bailev Lane YES NO NAME OF First Middle 4. DATE Month Yeor DECEASED (Type or print) Corbin DEATH John 1967 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Colored Male WIDOWED T DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) None Somerset County Maryland. U S A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John W. Corbin Elizabeth Collins 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Beulah King Corbin. Salisbury . Md 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), sloting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20c, TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work p. m. 21. I certify that I attended the deceased fram. that I last saw the deceased and that death accurred at \_\_\_\_\_\_M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Isreal Memora] rincess Anne . Md 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) H. James Jr. Princess Anne. Md 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ET BROMELAK HTTES Y TO THEM ES A VEG TATA CHAPTER ME HTWOO NO STADISTING 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05920 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY PM3. Page Wicomico Maryland Wicomico MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) ofter Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) aurs Office along with farm DOA Peninsula General Hospital 812 Brown St. YES NO X in Item 18. Give Pages haurs after death. NAME OF DECEASED 4 DATE First Month Dov Year hin 72 ERNEST COSMAN 4-24-67 (None) 19 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours Male White 11-10-11 WIDOWED event gud 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired in 1 Ven #WIFE TV COHMISK : Mass. This certificate shauld be executed within 24 he Chief Medical Examiner's in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown and 81 2ddr rown Street 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unknown) (If yes give war or dates of service) Mrs. Flora Cosman Salisbury, Md. crematian, ar remaval, +56-26-2493 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (o) ward DUE TO Arteriosclerotic cardio-vascular disease Conditions, if ony, which gove vears rise to immediate couse (a). DUF TO stating the underlying couse lost. burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES X please execute the certificate, NO designated agent, priar to 20o EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o.m. Not While may be retained for your FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion Inquiry A. deoth resulted from: Natural couses X. Accident . Suicide Homicide Undetermined monner the funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ar Earl L. Royer, M.D. 4-24-67 EXAMINER'S Health 109 Camden Ave., Sall sbury, Md.

A Sall sbury, Md. Address (Street, City, Town, or county) NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 0 TREMOVAL (Specify) Parsons Cemetery Salisbury, Maryland 4-26-1967 REGISTRAR'S SIGNATURE APR 26 2Sb. 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) Wallace Funeral Home, Salisbury, Md.

A R 93259 

tor. Page TO DEPUTY PACAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execution the first principle of the form of the first page 1, 2, and 3 to the first page 4 should be followed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to prove tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours.

> VR A15ME 5M 1/62

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
05921 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
05919

1. PLACE OF DEATH  o. COUNTY			ICE (Where deceased lived, If institution	Residence before admission)
The same of the sa	MARYLAND	e. STATE	b. COUNTY	laami
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	Y 18110 If outside corporele limits, write RURAL	LCOM1CO end give neerest town)
Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	2 hrs.	Quanti		221
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	itel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE
Peninsula General Hosp	ital	R.F.D.#1	Box 51	YES NO NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Dey Year
(Type or print) Samuel	TP	Dochiell	DEATH A TOTAL	19 00
5. SEX 6. COLOR OR RACE 7. MARRIED	DI NEVER MARRIED 1 8	Dashiell.	9. AGE (In years   IF UNDE	- h
		1 1-	lest birthdey) Months	
C WIDOWED		12/24/1888	78 yrs.	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	ND OF BUSINESS OR INDUSTR		THE RESIDENCE OF THE PARTY OF T	CITIZEN OF WHAT COUNTRY?
Labor		Marylai		J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
James Dashiell		Mary H	orsev	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. S	OCIAL SECURITY NO. 17.		Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	Λ	ota Daahta	11 Oughting Wd	
18. CAUSE OF DEATH [Enter only one cause per li		.10 Dazule	ll Quantico Md.	A SALTERNA A DETANGER
PART I. DEATH WAS CAUSED BY:		1	1 1	ONSET AND DEATH
IMMEDIATE CAUSE (e) 324	degree teer	us 6570	boday	2:/2 600
9160 DUE TO				/
Conditions, if any, which geve rise to immediate cause				
(e), steting the underlying DUE TO				
ceuse last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PA	
NATION AND AND AND AND AND AND AND AND AND AN				PERFORMED?
200. EXTERNAL CAUSE WAS   20b. DESCRIE	E HOW INJURY OCCURED. (E	atas action of injury in Da	et Las Part II of Step 10 )	LES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS CONT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING  CAUSE OF DEATH.	hes equality	Lie who	0/	ores
20c. TIME OF INJURY Month, Day, Year 20d. II While Hour 4-1 1967 et work	Not While	OF INJURY (Home, ferr	n, 20f. (City or town) (C	ounty) (State)
Hour - While	Not While fect	ery, street, office bldg., etc	6 - 7	1.1.
53 200		tore	fuanties	· Wse. Iva
21. I certify that I took charge of the remains	ins described above, he	ld an Autopsy ,	Inspection , Inquiry X,	and in my opinion
death resulted from: Natural causes .	Accident X Suici	de . Homicide	Undetermined manner	
2		CHIEF MEDICAL	EXAMINER [	
ACTUAL 17 1				2000 010110
SIGNATURE / Welly 4	ustay	M.D.	DICAL EXAMINER	DATE SIGNED
EXAMINER'S Philip A	Turley		city, town, or county)	4-11-67
22e. BURIAL, CREMATION, 22b. DATE THE REOF REMOVAL (Specify)	22c. NAME OF CENETERY OR		22d. LOCATION (City, town, or count	try) (State)
Burial 4/7/1967	Church	24- BE	Quantico	SIGNATURE Md.
1000 1 -01	n A.	A 240. KEG	I LANGE OF	
Chuton F Stellast x	alis - 4916	/ □ APR	13 1967 Jane	es Judge

\* 150 de la 1 APR L'S 1867 ST WELL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05922 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) filled in by the funeral papers. Pages 1 and o. COUNTY b. COUNTY Maryland Worcester b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 papers. Pa hin 72 haurs days Stockton Salishurv d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO IX General Hospital DATE carban Year physician and campletely DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH (In veors rerprove birthdoy) Months Dovs Hours White WIDOWED & DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done LACE (County & Stote or foreign country)
Cester County. and in during most of working life, even if retired)
Housewife COUNTRY? please INDUSTRY Maryland 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar removal, en Theodore Henry Parsons Henrietta Tarr 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no or unknown) (If yes give wor or dotes of service) Mrs Bessie Baylis, Stockton, Md. crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I, DEATH WAS CAUSED BY: burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) by physician. DUF TO signed Conditions, if ony, which gove 1200 rise to immediate couse (a), DUE TO stoting the underlying couse has been the OR ATTENDING PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO the hospital ar TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work ta 4-5-67, 19\_, that (1) (we) last 21. I certify that (I) (this haspital) ottended the deceased fram\_\_\_\_ 3-24-67,19 saw the deceased alive an 4-5-67 19 , and that death occurred at 3 M, from causes and on the date stoted above. 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR director, puy M.D. 22c. PHYSICIAN'S 22d. ADDRESS Joseph C. Fitzgerald Salisbury, Maryland NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERYZOK CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, Burial (Specify) Gunby Presbyterian Md. Stockton Wor. 4-8-1967 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24 EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DAPR Pocomoke City, Md.

\$5000 68026 DE GREEK TREET, YELDEN 

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05923 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Vicomicoth MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) signed by the attending physician ond completely filled in by the buriol-transit permit. Then pleose remove corbon popers. Page write RURAL and give nearest tawn)
Salisbury sician onu compress. Popleose remove corbon popers. Po d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENC d. STREET, ADDRESS ON A FARM? Peninsula General Hospital YES NO X 3. NAME OF DATE First Manth Day Year DECEASED REDECCA 196 LENA DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Days birthday) Haurs in ony white DIVORCED KemAle WIDOWED 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT KIND OF BUSINESS OR during most of warking life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME Pown 17. INFORMANT 1S. WAS DICEASED EVER IN U.S. ARMED PORCES? (Yes, np., of unknown) (If yes give war ar dates af service) cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. 360 X DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause os the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ed for use of Heolth p NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur a.m. Nat While at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram. 196 ) that (I) (we) last . ta 1967, and that death accurred at 2 7 M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** 囚 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) GEORGE Wicomico Ma director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BUNAL, CREMATION, DATE THEREOF (County) ARBON REC'D BY REGISTRAR REGISTRAR'S SIGNATURE MINERAL DIRECTOR VR A15 (4) 1967 20 M 1/66

13980 19 500 THE RESIDENCE MOSERFER ROLL - KARPIERS THE SHORT IN PULLES TO ELLER STORING SHOW SHE CHINE MENTER SHIPS WERE I at CAS action more \$ 100 and reprocessing the processing of S A LIGHT BY 



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7		0592	4		CERTI	FICATE	OF DEATH			(	5922	2
I in by the runeral ers. Pages 1 and 2 72 haurs after death.		PLACE OF DEATH D. COUNTY	icomico		MA	RYLAND	a CTATE	CE (Where dec ryland	eased lived, if institu b. COU	A Lond C	efore odmissio	on)
by the Pages aurs at	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn)  Salisbury  70 days						c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town)  Salisbury					
papers.			at or institution (if ner s Head S				d. STREET ADDRESS 701 I		lla Stree	t	e. IS RESID ON A FA	DENCE ARM? NO X
Sold of the sold o		NAME OF DECEASED Type or print)	Wi	irst lliam	Middle Henry		Elliott	4. DAT OF DEA	TH Ap:	ril	Doy Yes 5 19	67
emove any eve	S. :	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED			nuary 7,		9. AGE (In years last birthday) 48 yrs.	Manths Do	ys Hours	Min.
ysician ar please r al, and in	duri	ng mast af working  Wner & C  FATHER'S NAME		IN	DUSTRY  vice Stat	ion	Delmar,  14. MOTHER'S MAID	Maryla		COUNT		
nding phi it. Then ir remavo	1S. (Ye	Walter E WAS DECEASED EVE s, no, or unknown)	Clliott R IN U.S. ARMED FORCES? (If yes give war or dates	-6 N	SOCIAL SECURITY NO.	17. IN	Maude Gr	tte Tr	uitt Ellic	ress ott (Wif	re)	
g physician. In signed by the attending physician and capatetely filled in by the burial-transit permit. Then please remove carbon papers. Pag a burial, crematian, or remaval, and in any event, within 72 haurs		18. CAUSE OF DI PART I. DEAI 16 3 X Conditions, if any, rise to immediat stoting the under last.	which gave e cause (a),	use per line far	(a), (b), and (c).) dermoid	earcing	)l Prisci	lla St e righ	reet, Sal t lung wi	1soury.	INTERVAL BET ONSET AND D	WEEN DEATH
by the haspital ar attending fter this certificate has been s be detached far use as the b State Dept. af Health priar ta b	CATION		GNIFICANT CONDITIONS		O DEATH BUT NOT R	ELATED TO TH	e Terminal disease	CONDITION G	IVEN IN PART 1(0)		19. WAS AUTO PERFORM YES	OPSY ED? NO <b>DC</b>
aspital certifica hed far ot. af He	MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY					46		
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Page 4 may TO FUNERAL I director, pag shauld be fil		BURIAL, CREMATIC REMOVAL (Specify BURIAL	April '		1		rial Park		LOCATION (City or To Salisbur	y, Mary	land	tate)
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05925 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05923 FOR STATE HEALTH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY delay is ond 3 ta M3. Page o. STATE b. COUNTY Wicomico Wicomico Maryland af after death. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b write RURAL and give negrest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office along with farm 72 hours DOA Peninsula General Hospital 607 Railroad Ave. YES NO This certificate shauld be executed within 24 haurs after death. NAME OF 4. DATE Lost Month Doy Year DECEASED CALVIN HENRY FILLIS 4-24-67 19 (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED × lost birthdoy) Months Doys Hours 6-17-15 M W DIVORCED WIDOWED land 2 event 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? any pencil i 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME \_ and 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. AKMED FUNCES:
(Yes, no, or unknown) (If yes give wor or dotes of service) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address removal. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH Coronary occlusion 0 IMMEDIATE CAUSE (o) writing the ward crematian, DITE TO 4 shauld be farwarded to the Conditions, if ony, which gove Arteriosclerotic cardio-vascular disease vears rise to immediate couse (o), DUE TO stoting the underlying couse OS burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate. Health or its designated agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page ot work at work 21. I certify that I taak charge af the remains described above, held an Autopsy Inspection X Inquiry and in my opinion death resulted frame. Natural causes Accident . Undetermined manner the funeral directar. Suicide [ Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Earl L. Royer, A DEPUTY MEDICAL EXAMINER April 25, 1907 EXAMINER'S NAME (Type) Address (Street, city, town, or county) 109 Camden Ave Salisbury, Md. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION. 23b. DATE THEREOF 23d, LOCATION, (City or Town) (Stote) (County) 0 REMOVAL (Specify) REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5) 1967 Marvel Funeral Home, Delmar, Del. 6M 1/66

SECTION

Seeday Table 13 and



1	Items 18&21 Film 388 5-1-MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
R STATE	05927 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	5925
PM3. Page HTT offer dear the property of the p	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence be of STATE by COLINTY	efore odmission)
offende	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give necessary)  Salisbury  Hebron	orest town)
72 hours often	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
yhin /2 ho		Day Year
ī	S. SEX Male  6. COLOR OR RACE  7. MARRIED NEVER MARRIED NE	ys Hours Min.
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  13b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN COUNTRY  U.S.  13. FATHER'S NAME	N OF WHAT RY?
File poges ond in ony	Vivian Roberts   S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Yes, no, or unknown)   (If yes give wor or dotes of service)   18. WAS DECEASED EVER IN U.S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   Address   Yes, no, or unknown)   (If yes give wor or dotes of service)   18. SOCIAL SECURITY NO.   17. INFORMANT   18. SOCIAL SECURITY NO.   18. SOCIAL SECURITY NO.   18. SOCIAL SECURITY NO.   18. SOCIAL SECURITY NO.   19. SOCIAL SECURITY NO.	
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	20c. TIME OF INJURY Month, Day, Year Hour g.m. 10 /p/n. 14-22-67   20d. INJURY OCCURRED While of work	Maryland
its designoted	21. I certify that I taak charge of the remains described above, held an Autopsy (A), Inspection (A), Inquiry (A), of death resulted from Natural causes (C), Accident (C), Suicide (C), Hamicide (C), Undetermined manner (C), CHIEF MEDICAL EXAMINER (C), ASSISTANT MEDICAL EXAMINER (C)	and in my apinia  22. DATE SIGNED
Health or its designoted age	EXAMINER'S Earl L. Royer, M.D.  NAME (Type) LOS Camden Ave. Salisbury, Md.  DEPUTY MEDICAL EXAMINER TY  Address (Street, city, fown, or county)	4-24-67
五	REMOVAL (Specify) Burial 4/24/67, Green Acres Salisbury	unty) (Stote)
ME (5)	24. FUNERAL DIRECTOR Clinton of Stewart Funeral Home, Salisbury, Md. DATEAPR 27 1967 SCHOOL OF SALISBURY.	

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12-42-4

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) attending physician and campletely filled in by the funeral bermit. Then please remave carbon papers. Pages 1 and deor a. COUNTY b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) bon papers. Pag within 72 hours Salishurv d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO V Peninsula General Hospital YES 3. NAME OF Middle 4. DATE Manth Last Day Year DECEASED Hon (Type or print) DEATH SEX COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED M last birthday) Months Davs Hours DIVORCED WIDOWED 10b. KIND DF BUSINESS OR 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE County & State, or fareign country) COUNTRY? during mast af warking life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN remaval IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND 17. INFORMANT Address (Yes, na, alunknawn) (If yes give war ar dates of service) ь burial, crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) VINTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Umon12 IMMEDIATE CAUSE (a) signed by be retained by the hospital ar attending physician. FORVOX DUE TO 24 hrs Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause Page 4 may be retained by the first per has been to FUNERAL DIRECTOR: After this certificate has been as the first per hand be detached for use as the perior to prior to last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES INO 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER State Dept. (City ar tawn) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While 19 at work 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from. M, fram causes and an the date stated above. and that death accurred at 11 saw the deceased alive on 22b. DAJE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR **ADDRESS** 22c. PHYSICIAN NAME (Type) directar, shauld b 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 25a. REC'D BY REGISTRANGE EUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

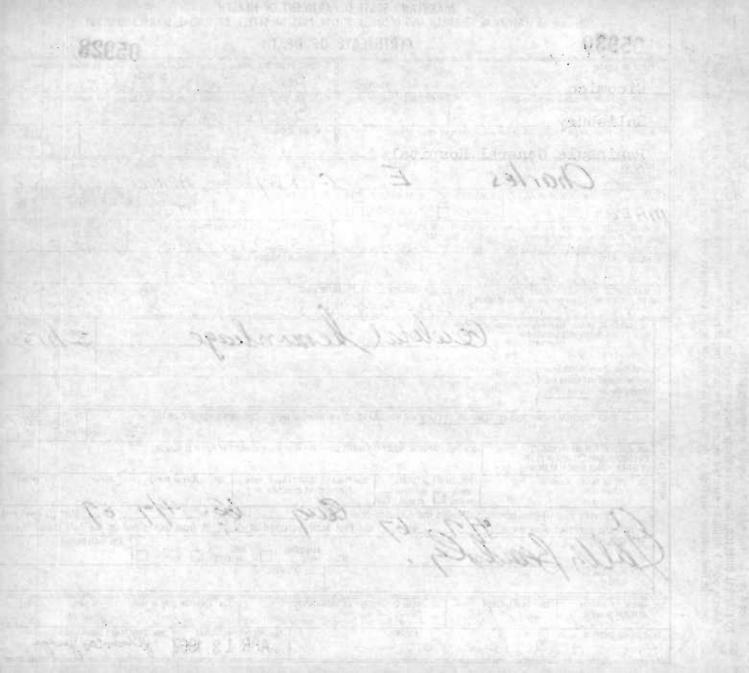
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

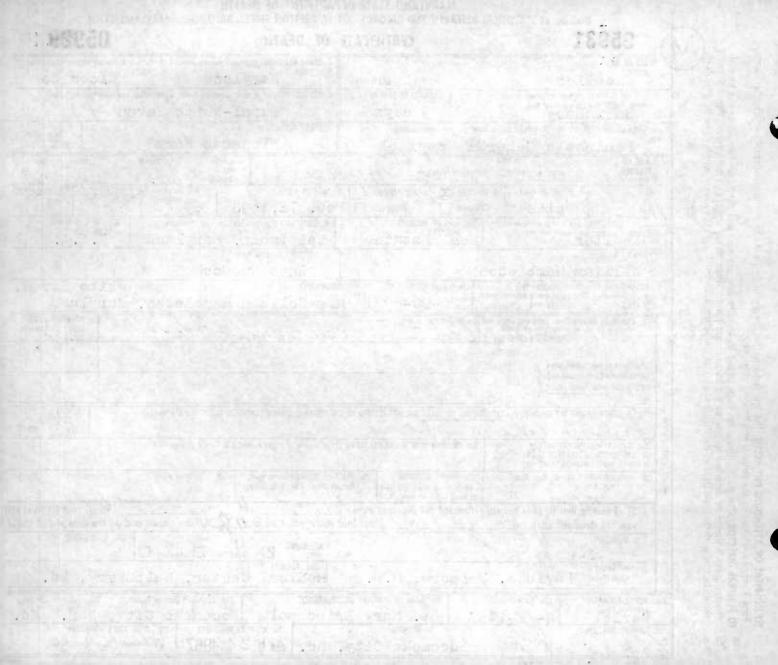
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funeral of the state of the sta		PLACE OF DEATH D. COUNTY Wicomi	co		MARYLAND	2. <b>USU</b> o. S		Where deceosed liv	ved, if institution b. COUNT		
thin 24 hours after deoth filled in by the funeral in papers. Pages 1 and ithin 72 hours after death		b. CITY OR TOWN (If outside co write RURAL and give neares Salisbury	rporote limits, st town)		H OF STAY IN 16 B days		Salis	tside corporote lin	nits, write RURA	L ond give neore	st town)
lled in papers.	Ĭţ.	d. NAME OF HOSPITAL OR INSTITUTE Deer's Head	,		oddress)		et address 518 Tan	gier Str	eet		e. IS RESIDENCE ON A FARM? YES NO
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e be ex on ond ase ren nd in ar		USUAL OCCUPATION (Give kind on ng most of working life, even if re		10b. KIND OF BUS INDUSTRY	INESS OR	11.80	THPLACE (County	& Stote, or foreign	country)	12. CITIZEN C	
ertificat physici ien ple ovol, a	13.	FATNER'S NAME	Sel	11-		11	THER'S MAIDEN N		Doals		
ne deoth certificate be execut attending physicion ond com permit. Then please remove ion, or removol, and in any ev	1S. (Ye	WAS DECEASED EVER IN U.S. ARM s, no, or unknown) (If yes give v		16. SOCIAL SECTION 320 - 01	1	NFORMA			Jangar	St. Sa	lis, md.
		1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	only one couse per SED BY: DIATE CAUSE (o)	r line for (a), (b), ar	A P C S					IN	TERVAL BETWEEN USEL AND DEATH
aquires that the physician. signed by the buriol-transit burial, cremot		3 3 / X  Conditions, if ony, which gove rise to immediate cause (a)		General	Lized arte	rios	clerosi	s		2	lears
the low red attending places since of the but he prior to but a bu		stating the underlying couse lost.	(c) _								
ICIAN: The low repitol or attending rificote hos been of for use os the of Heolth prior to	ATION	PART II. OTHER SIGNIFICANT OF Diabetes me							PART 1(o)		WAS AUTOPSY PERFORMED? YES NO
rsician: ospitol or certificate hed for us it. of Healt	CERTIFICATION	200. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE OF (IF EITHER, NOTIFY MEDICAL EXA	DEATH	205. DESCRIBE HOV	V INJURY OCCURRED.	(Enter no	ture of injury in	Port I or Port II o	f item IB.)		
JING PHYSIC by the hospi ffer this certi be detached State Dept. of	MEDICAL	20c. TIME OF INJURY Month, Hour o.m. p.m.	Doγ, Yeor 19				URY (Home, farm t, office bldg., etc.)		y or town)	(County)	(Stote)
- T T T T		21. I certify that (2) saw the deceased a		) attended the	deceased fram_ 9 <u>67</u> , and the	2/7 t death		A 34		nd an the do	that XX(we) last the stated above
OR AT be retail DIRECTC e 3 sho ed with		220. STOMATURE	Ache	11	М.	D. PHY		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIG 4/6/6	NED 7
O HOSPITAL OR ATTENE Page 4 moy be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the				ell, M.D.		D		ead Hosp			y, Md.
TO HOSPITAL OR ATTEN Page 4 moy be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		REMOVAL (Specify)	b. DATE THEREOF	- 11	ME OF CEMETERY OR EN Acres		m. A.	Dales		- Wico.	Incl.
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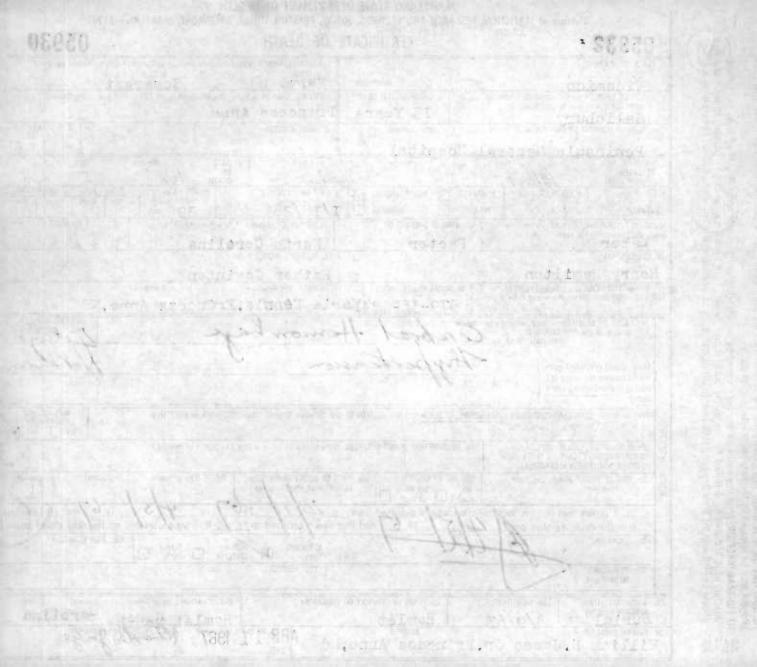
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05930 CERTIFICATE OF DEATH death. and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COLINTY Wicomico MARYLAND filled in by the f b. CITY OR TOWN (If outside carparote limits, c. LENGTH OF STAY IN 16 c. CITY TOWN (If outside carporate limits, write RURAL and give nearest tawn) hin 24 haurs af papers. Page hin 72 haurs o write RURAL and give nearest tawn) Salisbury e. IS RESIDENCI d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS within 72 ON A FARM? NO X YES Peninsula General Hospital NAME OF DATE Manth remaya careon Inst Year tamplerely DECEASED event. (Type or print) DEATH 196 requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthdoy) Months Doys Haurs any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) = INDUSTRY COUNTRY? lease during most of working life, even if retired) physician pup ALISBURY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval the attending phy sit permit. Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, phunknown) ((If yes give wor or dates of service) INTERVAL SETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). **DIRECTOR:** After this certificate has been signed by the ge 3 shauld be detached far use as the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying couse the haspital ar attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION Health 1 NO YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20d. INJURY OCCURRED TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour a.m. Not While of work be retained by Acertify that (1) (this hospital) attended the deceased from M. from couses and on the date stated above. , and that death occurred at the deceased olive on 22b. DATE SIGNED M.D. PHYS DIRECTOR PHYS be filed 22d. ADDRESS PHYSICIAN'S TO FUNERAL NAME (Type) director, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION (County) HEMOVAL (Sporify) IOR FREEN 2So. REC'D BY REGISTRAR 2Sb.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05931 CERTIFICATE OF DEATH the attending physicion and campletely filled in by the funeral sit permit. Then please remove corbon papers. Pages 1 and 2 notion, or removal, and to any event, within 72 hours after death. The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY. Wicomico b. COUNTY Maryland Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Rural-White Haven days Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) "Ponemah Farm" Peninsula General Hospital YES X NO NAME OF First Middle 4. DATE Lost Doy Year DECEASED RICHARD WHITWELL (Type or print) DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE X 7. MARRIED NEVER MARRIED dost birthdoy) Months Feb. 12,1898 White WIDOWED DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR during most of working life, even if retired) Real Estate Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME William Hambleton Anne Ruddock 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give, wor or dotes of service) Address White Haven. 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Colleen Hambleton, Maryland 220-09-3971 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-tronsit IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the hospital or ottending physicion. 500X DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the Stote Dept. of Health prior to PART JL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? klis Bema NO F 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) /205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Hour o.m. foctory, afreet, office bldg., etc.) Not While e deceased fram 19 1, 19 1, to 20, 19 1, that (I) (we) last 19 6 and that death occurred at 4 2 M, fram causes and an the date stoted obove. 21. I certify that (1) (this hospital) aftended the deceased fram saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S J. Gilmore, M.D. Medical Center, Salisbury, Md. David NAME (Type) 23c. NAME OF CEMETERY OF XERMATERY 23d. ŁOCATION (City or Town) (County) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (Stote) REMOVAL (Specify)
Burial St. Mary Episcopal Pocomoke City, 4-22-1967 Wor. Md. 2So. REC'D BY REGISTRAR 24. EUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ARR24 1967 Pocomoke City, Md.

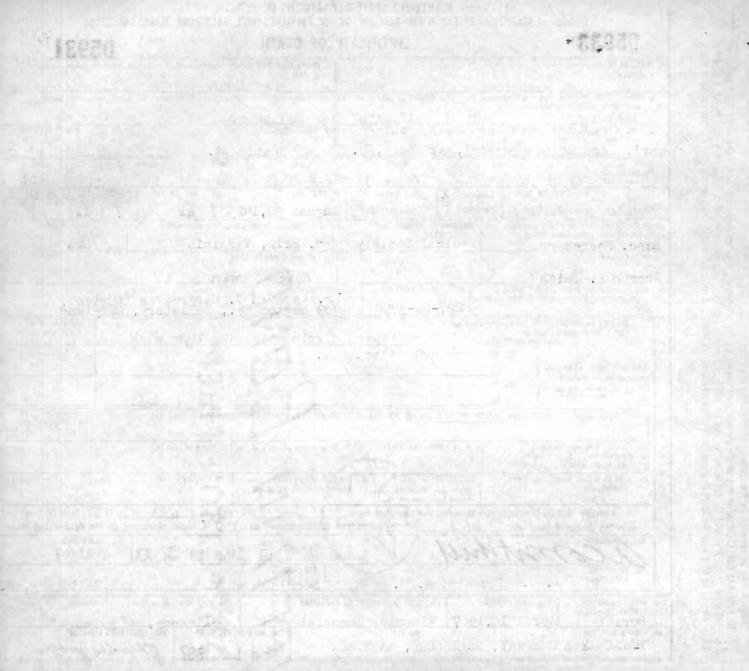


1	MARYLAND STATE DEPAR  Division of STATISTICAL RESEARCH AND RECORDS, 301 W,		1
4 (10)	05932 Item #17 Film #6387 1/11/6 CERTIFICATE OF		05930
funeral 1 ond 2	1. PLACE OF DEATH O. COUNTY Wicomico MARYLAND M	USUAL RESIDENCE (Where deceased lived, if institution: Residence b. COUNTY ARYLAND SOMETSET	before odmission)/
hin 24 hours after filled in by the fur papers. Pages 1 thin 72 hours after	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)  Salisbury  LENGTH OF STAY IN 1b  IS Years  Pr	CITY OR TOWN (If outside carporote limits, write RURAL and give no cincess Anne 19.	2
filled ir papers thin 72	Peninsula General Hospital		e. IS RESIDENCE ON A FARM? YES NO K
be executed withing and completely for remove corban any event, with	3. NAME OF DECEASED (Type or print) Albert Hamilte		Day Year 5 1967
d company eve	MALE DEGRO WIDOWED   DIVORCED   I/	18/28 39 yrs.	Doys Hours Min.
ate be ician or lease re and n	during mast of working life, even if retired)  Labor Factor	North Corelina U.S.	TEN OF WHAT NTRY?
eoth certificate t ending physician mit. Then please or removol, and		MOTHER'S MAIDEN NAME sther Covinton	
at the deoth cer the ottending p nsit permit. The motion, or remo	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, or unknown) (If yes give war or dates of service) 579-36-627 Marie	MANI Bivens  e Dannis Princess Anne, M	Id
PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death e hospital or attending physicion. his certificate hos been signed by the ottending physician and completely filled in by the funeral stoched for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours after death	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	non hage	INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that to Page 4 may be retained by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the buriol-transit should be filed with the State Dept. of Health prior to buriol, cremo?	Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying couse	~	Vor Kurn
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be ret DIREC DIREC Sign 3 signed willed will	M.D. A	ATTENDING DIRECTOR STAFF PHYS. DIRECTOR PHYS. C	- Jones
TO HOSPITAL OR ATTENDING PHYSICIAN: 'Poge 4 moy be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, poge 3 should be detoched for us should be filed with the State Dept. of Health	NAME (Type)  23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMA	ATORY 23d. LOCATION (City or Town) (C	County) (State)
TO HC Poge TO FU direc shot	BUNIAL (Specify)  PUTIAL  24. FUNERAL DIRECTOR  ADDRESS  ARE MOVAL (Specify)  4/9/67  Hamlet  ADDRESS	Hamlet thorth	arolina NATURE
VR A15 (4) 20 M 1/66	William H. James Jr. Princess Anne, Md	DATE 11 1967	roge

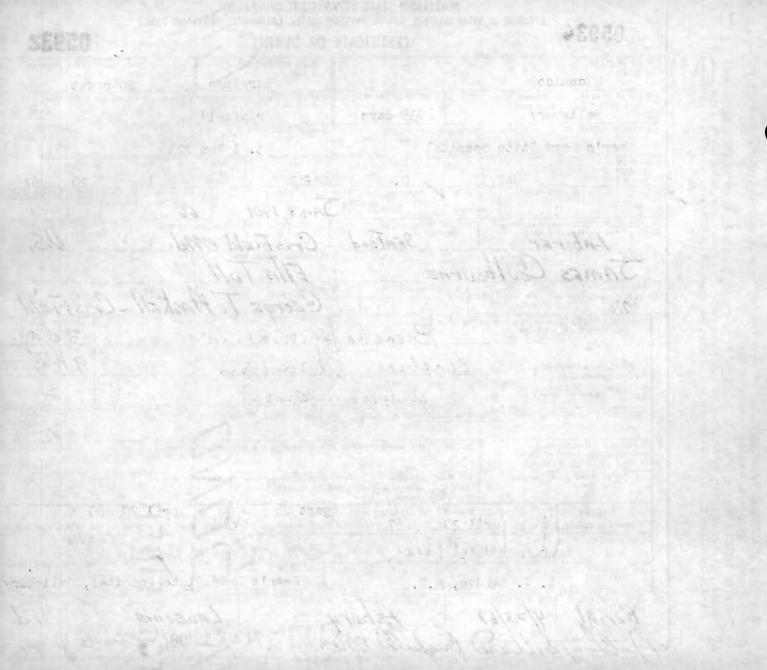


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05933 CERTIFICATE OF DEATH death. the attending physician and campletely filled in by the funeral sit permit. Then please remave carbor papers. Pages I and nation, ar remaval, and in any event within 72 hours after deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE b. COUNTY PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Wicomico MARYLAND Maryland Wicomico b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 12 Days Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO X Deer's Head State Hospital. Salisbury. Md. 309 Newton St. 3. NAME OF Middle 4. DATE First Lost Month Doy Year DECEASED 19 67 (Type or print) Katherine (Smith DEATH Hargreaves IF UNDER 1 YEAR | IF UNDER 24 HRS. S. SEX 7. MARRIED DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED last birthdoy) Months Hours White Female WIDOWED DIVORCED August 30,1925 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Medical S. Hill, Virginia Society Exec. Secretary 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kate Woodward Joseph H. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Mr. Bernard C. Hargreaves (Husband) 309 Newton St., Salisbury, Maryland (Yes, no, or unknown) (If yes give war or dotes of service) 227-24-3990 No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:

TINdifferent signed by the burial-transit p ONSET AND DEATH Undifferentiated carcinoma of the lung with IMMEDIATE CAUSE (o) physician. cerebral metastasis. 4 months DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse by the haspital or attending 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health NO X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20e. PLACE OF INJURY (Home, form, (City or town) 20d. INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Not While of work ot work Page 4 may be retained by 19 67 Ata 4/11 1967, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 3/30 19 67, and that death occurred at 2:50°M, fram causes and an the date stated obave. 4/11 saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING STAFF PHYS. 4/11/67 M.D. PHYS. be filed PHYSICIAN'S 22d. ADDRESS 22c. NAME (Type) A. C. Mitchell, M. D. Deer's Head State Hospital Salisbury Md directar, shauld b 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Salisbury, Maryland REGISTRAR 256, REGISTRAR'S SIGNATURE April 1/1,1967 Wicomico Memorial Park Burial 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND Milliantes Judge 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05934 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY h. COUNTY a. STATE Wicomico MARYLAND Maryland Somerset completely filled in by the invocation popers. Poges in event, within 72 hours aff b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)
S211sbury c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) days Crisfield d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Deer's Head State Hospital Rt. 1 Box 223 YES NOF remave carbon NAME OF First Middle 4. DATE Last Month Day Year DECEASED HATTTE (Type or print) HASKELL DEATH SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Manths Days Haurs In ony WIDOWED DIVORCED puo 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? -ADOFET 13. FATHER'S NAMI MAIDEN NAME or removal, DYNE WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service cremation, signed by the o 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying cause hos been the last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS) PERFORMED? TO FUNERAL DIRECTOR: After this certificate YES X NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City ar town) (Caunty) (State) Hour 'a.m. factory, street, office bldg.; etc.) at wark 19 66 to April 20, 1967, that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased fram August 24. be retained should 19.67, and that death occurred at 12:50AM, from couses and on the date stated above. sow the deceosed dive an April 20 22a. SIGNATURE 22b. DATE SIGNED M.D. PHYS DIRECTOR director, poge should be filed 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) L. V. Malidve, M.D. Deer's Head State Hospital, Salisbury 23g. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Caunty) (State) WSOMIA VR A15 (4) 25M 1/67 DATE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Caroline MARYLAND Maryland Wicomico campletely filled in by the ru b. CITY DR TOWN (If autside corporate limits, write, RURAL and give nearest tawn) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH DE STAY IN 16 30 Days Denton d. NAME DF HDSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? Deer's Head State Hospital. Salisbury. Md. YES NO T Box 113 3 NAME OF Middle Last DATE Manth Year DECEASED 1967 26 Hoffman April Elizabeth (Type or print) DEATH B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLDR DR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) Manths Haurs WIDOWED DIVORCED and Female white 10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT INDUSTRY TAI 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service crematian, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY: 200 DEATH Carcinoma right breast with metastases IMMEDIATE CAUSE (a) by DUF TD Canditions, if any, which gave rise to immediate cause (a). DUF TO stating the underlying couse as the priartal has been last 19. WAS AUTDPSY PERFORMED? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PHYSICIAN: The Multiple pathological fractures ND X TO FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Port II of item 1B.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) at work 1/26 21. I certify that (I) (this haspital) attended the deceased from. 1967, that (1) (we) last 3/27/67 19 be retained 1967, and that death accurred at 9:35 M, from causes and an the date stated above 11/26 saw the deceased blive an 22a, SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 4/26/67 M.D. 22d. ADDRESS 22c. PHYSICIAN'S Deer's Head State Hospital, Salisbury, Md. NAME (Type) L. V. Maldve, M. D. 23c. NAME OF CEMETERY DR CREMATDRY 230. BURIAL, CREMATION 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS Ocharle, &

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funeral and er dearth	1. PLACE OF DEATH  o. COUNTY Wicomico	MARYLAND	USUAL RESIDENCE (Where deceased lived, o. STATE	f institution: Residence befare admission) b. COUNTY
4 hours after d in by the faces. Pages 72 hours offer the faces after the face	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If auxide carporote limits,	22.1
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at a second	3. NAME OF DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED 8	Last 4. DATE OF DEATH A DATE OF BIRTH  DATE OF BIRTH  9. AGE (In	Manth Day Year  P 1967  Years I IF UNDER 1 YEAR   IF UNDER 24 HRS.
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OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ge 3 shauld be defached far u led with the State Dept. af Heal	21. I certify that (I) (this haspital saw the deceased alive ap 22a. SIGNATURE		/ / /	couses and an the date stated above
AL OR A ly be rei L DIREC age 3 s filed wi	22c. PHYSICIAN'S	A / M.D	ATTENDING MED. PHYS. DIRECTOR PH  22d. ADDRESS	AFF 🖂
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OT OF STATE	REMOVAL (Specify)  24. FUNERAL DIRECTOR  And  And  And  And  And  And  And  An	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATURE  Officered as Declare
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH fureral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaased lived, If institution a. COUNTY a. STATE Maryland b. COUNTY Wicomico Wicomico 中で MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) write RURAL and give nearest town) Salisbury .57 Salisbury within completely filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 203 Marshall within 72 hou Street Springhill Nursing Home executed 3. NAME OF Middle Last Day 4. DATE Month DECEASED John April George Humler 6 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR and Cap last birthday) 27,1893 Months event, Male White Aug. death certificate WIDOWED D DIVORCED physician please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working tife, even if retired) Pkg. Plant Supert Meat Co. USA Germany .= 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aftending Unknown Unknown Then requires that the or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Old Affickery Mill Rd. (Yes, no, or unkown) | (Ifyesgivawarordatesofsarvica) C.Richard Humler Salisbury, Md. may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the 3 should be detached for use as the burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ascelar recel deseaso ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, DUE TO Conditions, if any, which (b) gave risa to immediata cause burial **DUE TO** (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY 0 CERTIFICATION prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part I or Part II of itam 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Day, Yaar 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ) 20f. (City or town) (County) ŏ factory, straat, offica bldg., atc.) Not While Hour a.m. State Dept. at work at work p.m. 19 21. I certify that (I) (this hospital) attended the deceased from...... to. 196...... that (I) (we) last saw the deceased alive on.... 22a. SIGNATURE page 3 s death. Page 4 mTO FUNERAL I MED PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDR filed belit 23c. NAME OF COMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, DATE THEREO 四時間 REMOVAL (Specify) Wicomico Mem. Park Salisbury, 967 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL SIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Salisbury, Md. ace

RYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02030 いるか death. death. funera PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY Wicomico Maryland after Wicomico the MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) hours Salisbury Salisbury Ξ. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 614 Hunting Park Drive Wicomico Nursing Home NO X YES letely. executed within on NAME OF Middle Last DATE Day DECEASED 67 comple car event ROWE KETCHAM April 19 (Type or print) NETTIE DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED and c апу Female White WIDOWED X DIVORCED 94 August 12. 1872 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) E 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and ir INDUSTRY COUNTRY? Royalton Center, N. Y. House work certificate d removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Elizabeth Rowe John W. LaBar. Jr. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. Mr. John C. Ketcham, has been signed by the attent as the burial-transit permit. Sr. death No Hunting Park, Salisbury, Maryland CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, If lany, which (b) gave rise to immediate the r to DUE TO (a), stating underlying cause last. CERTIFICATION WAS AUTOPSY PERFORMED? 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hashed for use a NO X YES 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Item 18.) r this certif detached for te Dept. of P 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be defiled with the State Hour a.m. Not While retained by at work at work 21. I certify that (I) (this hospital) attended the deceased from 1962, that (I) (we) last and that death occurred at 3. A.M., from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED MATURE 22a. ATTENDING PHYS. STAFF page filed M.D. DIRECTOR PHYS. Page 4 may FUNERAL PHYSICIAN'S NAME (Type) 22d. ADDRESS director, p Dr. Frank E. Poole 111 Davis Street, Salisbury, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 2 Chestnut Ridge Cemetery Lockport, N. Y. April 8, 1967 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15 (4) 15M 4-64

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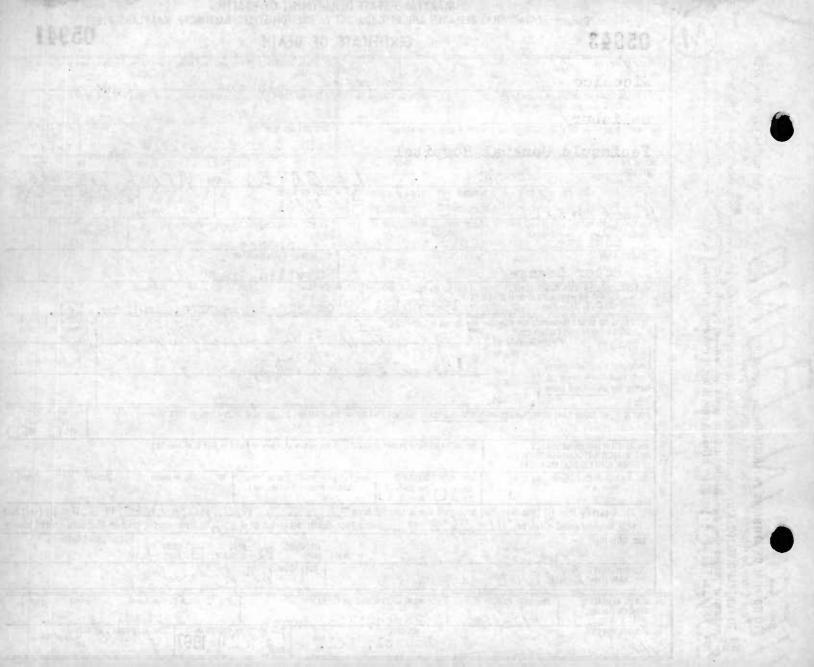
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120] 05940 CERTIFICATE OF DEATH within 72 hours after death. by the funeral Pages 1 and gud 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) The law requires that the death certificate be executed within 24 hours after deat o. STATE b. COUNTY o. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury e. IS RESIDENCE ON A FARM? d completely filled in move carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 80 Peninsula General NO 3 YES Hospita 3. NAME OF Middle DATE First Last Doy Year DECEASED 1967 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** birthdoy) Months Dovs Hours H WIDOWED DIVORCED P E 11 ARTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR and in COUNTRY? during most of working life, even if petired) INDUSTRY attending physician sermit. Then please Houseworth 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremation, or remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ((If yes give wor or dotes of service) permit. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (e) (b), signed by the burial-transit p the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) be retained by the haspital ar attending physician. **DUE TO** Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse O FUNERAL DIRECTOR: After this certificate has been Health priar ta far use as the last. WAS AUTOPSY PERFORMED? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While Hour o.m. 19 ot work of work pe OR ATTENDIN 21. I certify that (1) (this hospital) attended the deceased from. 196 345/AM, fram causes and on the date stated above be filed with the and that death accurred at saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED STAFF ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PAYSICIAN'S Page 4 may NAME (Type) director, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, 23b. DATE THEREOF BREMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** FUNERAL DIRECTOR VR A15 (4 Charles 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY Wicomico Maryland Somerset MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Salisbury c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) etely filled in by bon papers. Page within 72 hours 1/2 yrs. Rural-Pocomoke City d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE DN A FARM? Springhill Sanitarium R.F.D. YES X ND pou. First Middle Last 4. DATE Month Year and complet DECEASED event. MARY ANGIE (Type or print) 1967 LANKFORD DEATH April executed 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH ACE (In years | IFUNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS. 7. MARRIED X NEVER MARRIED any Hours White Female WIDOWED [ 2,1876 DIVORCED April E 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND DE BUSINESS OR Worcester County, 12. CITIZEN OF WHAT attending physician rmit. Then please lease and in pe during most of working life, even If retired) INDUSTRY CDUNTRY? Housewife S. death certificate Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Levin Scott Salby Anne Brittingham 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 1 been signed by the atten the burial-transit permit. or to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) No None William Scott Marion, Maryland CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: NG PHYSICIAN: The law requires that to by the hospital or attending physician. 1llooks IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TD cause (a), stating the has be as th prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) certificate hither than the difference health of Health of WAS AUTDPSY PERFORMED? ND Z YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) this certified detached for Dept. of I DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) det factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While p.m. at work at work 4 may be retained 1900 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 7 2M, from the causes and on the date stated above. saw the deceased alive on 22a. SICNATURE DATE SICNED 22b. ATTENDING PHYS. M.D. DIRECTOR pa FUNERAL 22c. PHYSICIAN' ADDRESS 22d. director, p NAME (Type) Wilbur Ellis. Medical Center. Salisbury, BURIAL, CREMATION, 23b. DATE THEREDE 23a. 23c. NAME OF CEMETERY OR XBENEAUCRYX 23d. LOCATION (City, town or county) (State) Burial (Specify) St. Mary Episcopal 4-9-19 Pocomoke City REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE ADDRESS **FUNDRAL DIRECTOR** 25a. Pocomoke City. Md. VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05943 CERTIFICATE OF DEATH within 24 hours after death and and campletely filled in by the funeral remayer tarban papers. Pages I and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Wicomico o. STATE b. COUNTY MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Laurel Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS nr Bortsville YES NO TX Peninsula General Hospita] 3. NAME OF 4. DATE First Middle Last Manth Year Day DECEASED PETER H. 1961 (Type or print DEATH requires that the death certificate be executed S. SEX DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last-birthday) Months Hours Days 2/9/01 WIDOWED DIVORCED 106. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT .⊆ during most of working life, even if retired) engineer physician c COUNTRY? INDUSTRY and Univ. of Penna Germany IIS/ 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Legaye Syvilla Graf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor ar dates af service) 1982661 Florence P. Legave Laurel crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) & weeks DUF TO burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stating the underlying cause the hospital ar attending as the TO FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION use Health YES T NO F for 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) factory, street, affice bldg., etc.) Not While 19 at wark be retained by pe 21. I certify that (1) (this haspital) attended the deceased fram 3 \_, that (I) (we) last M. fram causes and an the date stated above. saw the deceased alive an and that death accurred at 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. M.D. directar, page shauld be filed ADDRESS 22c. PHYSICIAN'S NAME (Type) shauld 23d. LOCATION (City or Town 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Portsville Del 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Laurel, Del.

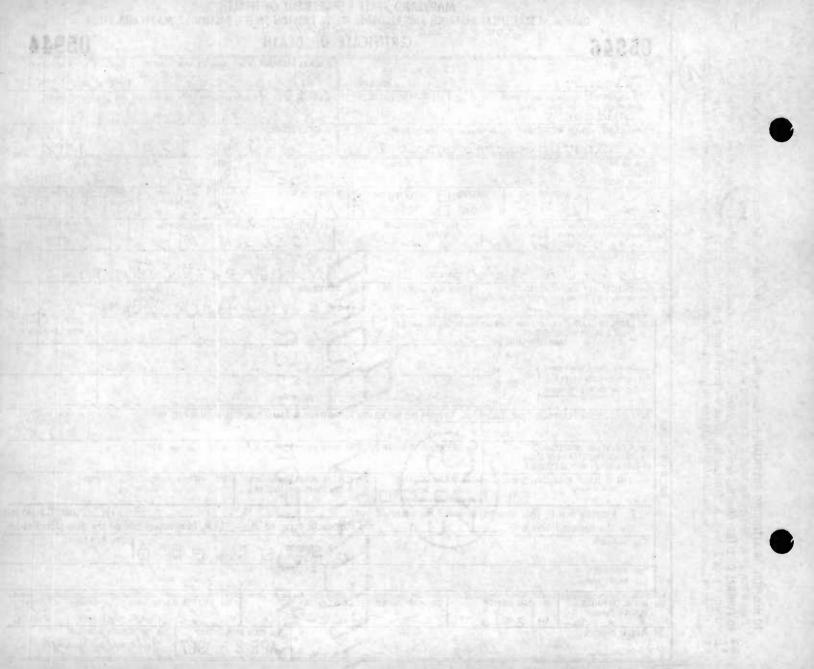


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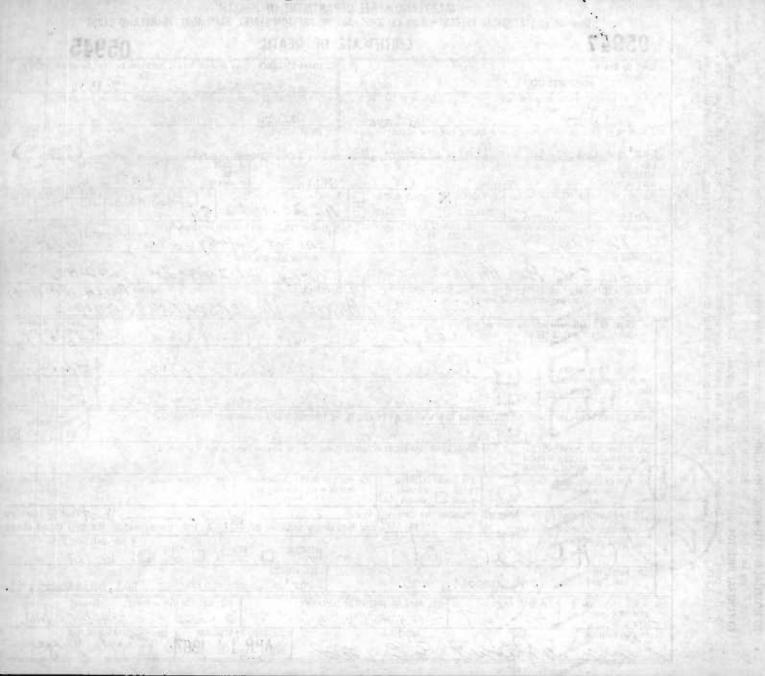
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) physician and campletely filled in by the funeral o. COUNTY. b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Salisbury e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Peninsula General Hospital YES NO F 3. NAME OF Middle DATE Month Year First Last Day DECEASED DEATH 19 (Type or print) AGE (In years IF UNDER 1 YEAR S. SEX X DATE OF BIRTH IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? the attending physician during most of working life, even if retired) INDUSTRY ond 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME GARETHIXN IM 151+U 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) [(If yes give war or dotes of service) JOCOMOITE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by **DUE TO** uriale Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been far use as the WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) corte YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at wark 196/, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 196 shauld 19 67, and that death accurred at 2 3/4M, from causes and an the date stated above saw the deceased alive on-22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. N DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) EDICAL ALISBURY 070 director, should b 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

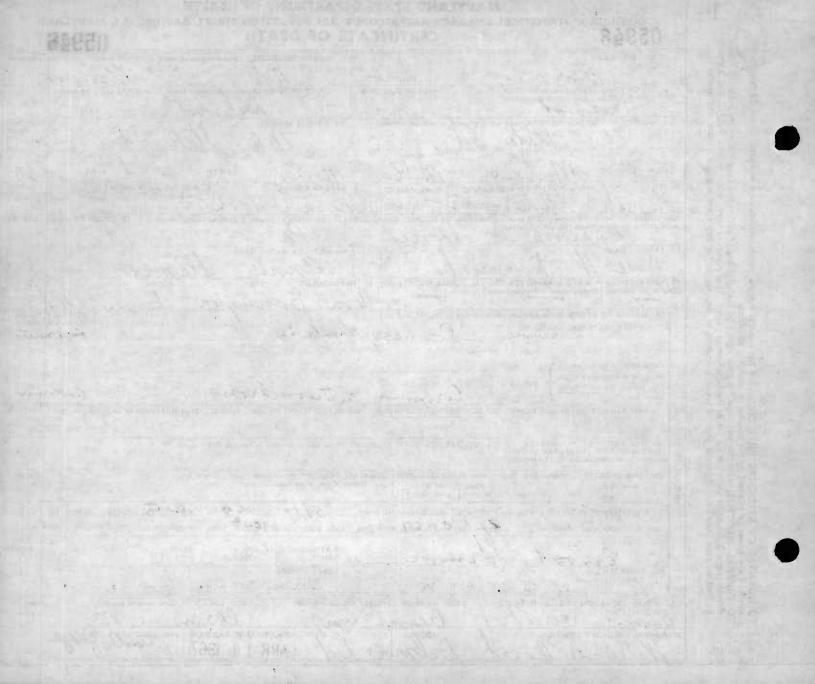


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05947 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) physician and completely filled in by the funeral o COUNTY b. COUNTY o. STATE Wicomico MARYLAND Maryland Talbot c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Oxford Salisbury 13 Davs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? hin 72 | YES NO N Deer's Head State Hospital Salisbury Md Evergreen Road 3. NAME OF 4. DATE Month Dov Year OECEASED April 19 67 (Type or pnnt) DEATH Mille Frank IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years S. SEX 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WIDOWED DIVORCED Male Negro 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY TALBOT - MARY LABORER 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME ELIZABETH Address PHILA, PA. 19141 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, ocunknown) (If yes give wor or dotes of service) OL ERSON 1602 CHURCH LANE INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one (c)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO as the stoting the underlying couse **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o' WAS AUTOPS' PERFORMED? of Health p for use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work , 19\_67 that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 1967 67 and that death accurred at 10:25M, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING director, page 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN C. H. Winnacott, M. D. Deer's Head State Hospital, Salisbury, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) OXFORD 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR liantes VR A15 (4) 20 M 1/66



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()	os, no, or unkown) (Ifyes give war or dete	FORCES? 16. SOCIAL SECURITY NO. 17.	NEW Brewin	eston De	Imer ml
	PART I. DEATH WAS CAUSED B	Υ	trombosis.		INTERVAL BETWEEN ONSET AND DEATH
	4201 DUI	10			
	geve rise to immediate cause (a), stating the underlying		T' in leas	uà	10 Krown
NO	PART II. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN	I IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
CERTIFICATION	200. ACCIDENT WAS UNDERLYING	☐	ED. (Enter nature of injury in Part	1 or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMI	NER)			DE COUNTY    County   County   County
MEDICAL	Hour a.m.	While Not While fac		tor. (City or fown)	(County) (Stete)
		ospital) attended the deceased from	5/10, 196		
	22e. SIGNATURE	91	ATTENDING MED.	STAFF	22b. DATE
1	22c. PHYSICIAN'S NAME (Type) Himnest		22d. ADDRESS		1967 ar, Del.
23			OR CREMATORY 23		
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	VWL .	Y REGISTRAR 256 REGIS	STRAPS SIGNATURE
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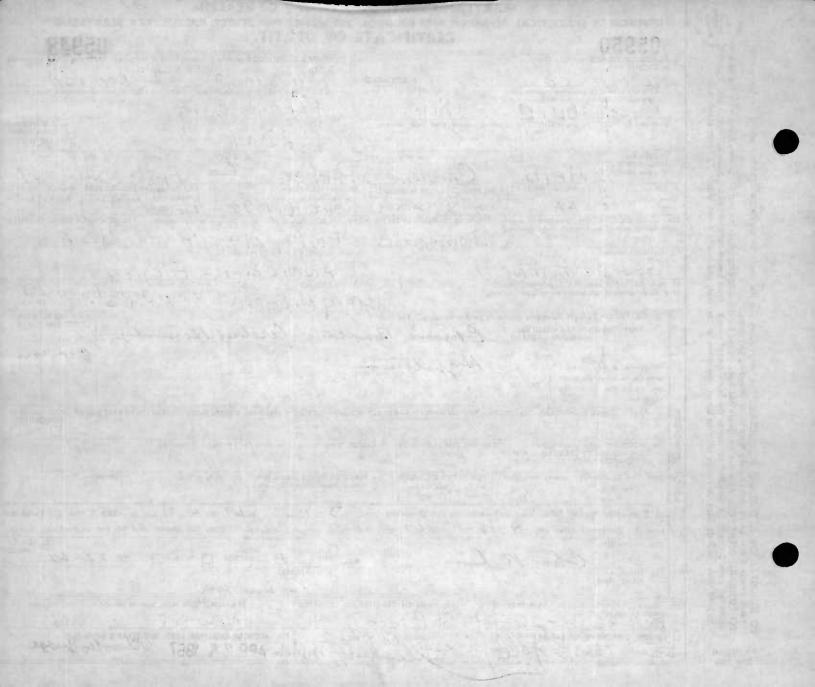
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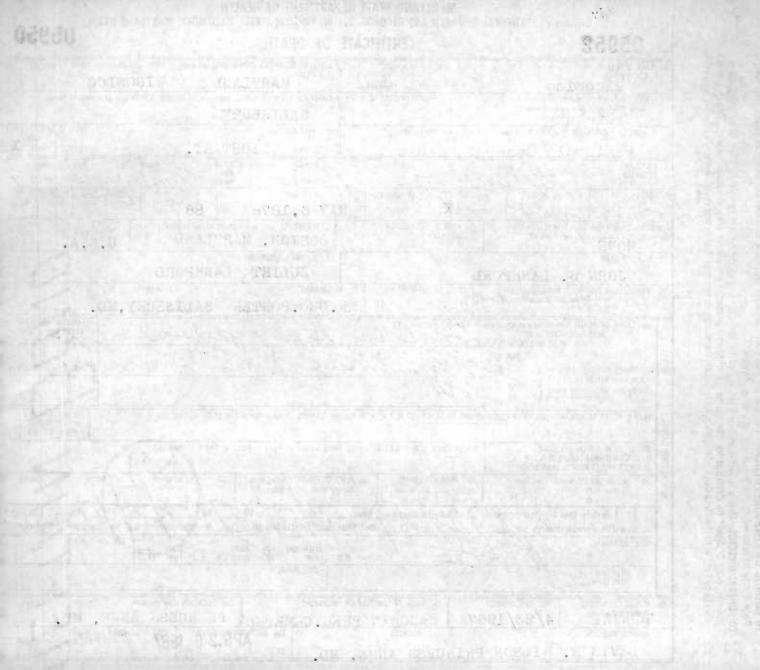
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05943 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) signed by the attending physician <u>and completely filled in by the funerol</u> burial-tronsit permit. Then pleose remove corbon papers. Pages 1 <u>and</u> o. COUNTY o. STATE b. COUNTY Wicomico b. CITY OR TOWN (If autside corparote limits, write RURAL and give neorest town) MARYLAND Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) corbon papers. Pagent, within 72 hours Salisbury Salishury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NO DC YES Peninsula General Hospital 302 Huston Court NAME OF DATE First Year DECEASED (Type or print) (BABY) OF DEATH DIANE IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ingay ev Doys last birthday) Months BabyDIVORCED April 1,1967 WIDOWED 11. BIRTHPLACE (County & State, ar fareign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHA during most of working life, even if retired) COUNTRY? **INDUSTRY** Salisbury, Maryland guo none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Calvin Frank Parker, Jr. Dorothy Jean Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates of service Mr. Calvin F. Parker, Jr. (Father) 16. SOCIAL SECURITY NO. 302 Huston Court, Salisbury, Maryland cremotion, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause be retoined by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20d INJURY OCCURRED (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While ot wark at wark 21. I certify that (I) (this hospital) attended the deceased from. 19 , 19\_\_\_, that (I) (we) last \_\_\_\_, to\_ should and that deoth occurred at\_ M, fram couses and on the date stated above. saw the deceased alive on\_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF director, poge 3 should be filed v M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Dr. W. C. Morgan NAME (Type) Medical Center, Salisbury, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23g. BURIAL CREMATION. REMOVAL (Specify) April 4.1967 Burial
24. FUNERAL DIRECTOR Parsons Cemetery Salisbury, Maryland 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

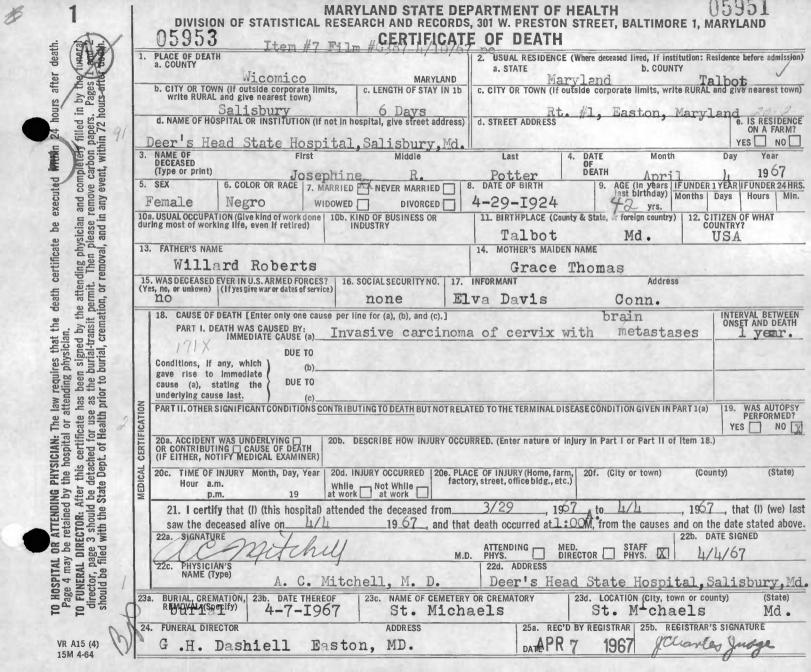
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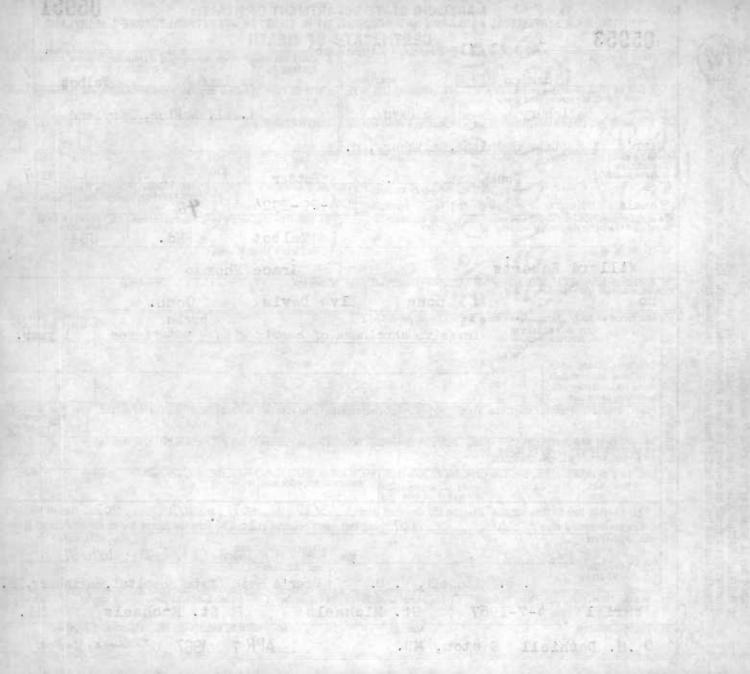
DIVISION OF STATISTICAL RESEARCH AND	RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
05950 CERT	TIFICATE OF DEATH	05948
1. PLACE OF DEATH  e. COUNTY  b. CITY OR TOWN (if outside corporate limits, c. LENGTH	MARYLAND O. STATE ARYLAN d	esed lived, If institution: Residence before edmission) b. COUNTY Com. CO
Parsonsburd By	rs Parsons bui	ote limits, write RURAL end give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give are	R.F.D#1	e. IS RESIDENCE ON A FARM? YES NO
(Type or print) MARU CAROL	line PARKER 4. DATE OF DEATH	April 21 1967
7 AA WIDOWED X D	MARRIED B. DATE OF BIRTH  SUVORCED Sept. 10, 1870	AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.  est birthdey)  yrs.  Hours Min.
done during most of working life, even if retired)  Domes	NESS OR INDUSTRY 11. BIRTHPLACE (County & Stote, or fore	IAND U.S.A.
George Purnell	14. MOTHER'S MAISEN NAME  ANNIEMANIA	Foreman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give wer or detes of service)	MACY M. DUFFU	PAPEROSS Burg, Md
1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	i Brighto Cerebrel 1x	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which (b) Myfres	tinsoi	Oet-1911
geve rise to immediate cause (e), stating the underlying DUE TO cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING   200. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	O DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II or	of item 18.)
Hour e.m. While Not Wh	rk 🔲	
21. I certify that (I) (this hospital) attended the desaw the deceased alive on		he causes and on the date stated above.
220. SIGNATURE Chus R Low-	M.D. ATTENDING MED. PHYS. DIRECTOR DIRECTOR	STAFF PHYS. 4-22-67
NAME (Type)	Berlin myl	
BUT, AL 4-26-67 St. f	Peters, New.	ON (City, town or county)  Ark  Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDITION OF THE PROPERTY OF TH	RESS Rd Kt 2 250. REC'D BY REGISTRA  PATE APR 2 8 1	AR 256. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05951 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death - Carre PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) in by the funeral o. COUNTY o. STATE b. COUNTY b. City OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) MARYLAND Maryland Wicomico Pages C. LENGTH OF STAY IN 16 D c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3/16/67 Delmar Salishury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Sopper filled R.D.#3 YES T NO Peninsula General Hospital WIT carban NAME OF Middle 4 DATE Lost Month Doy Year DECEASED CLARENCE OF DEATH GILL PEEK APRIL 19 Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remave lost birthdoy) Months Hours January 22,1900 and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired - Farmer please COUNTRY? INDUSTRY North Carolina Farming 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal en George W. Peek Fishel Gill the attending parties of the 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Beatrice H. Peek (Wife) 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dotes of service 10 244-16-3518 R.D. #3. Delmar, Maryland No crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH 400ABOIOZ NEADERTIN IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave no Delascu gran P. MIOUNSCULIAN rise to immediate couse (a). DUE TO stoting the underlying couse priar ta l has been as the 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use Health NO ECYFTECATT YES TO FUNERAL DIRECTOR: After this certificate be retained by the haspital or 20o. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While OR ATTENDING ot work of work shauld be 21. I certify that (1) (this haspital) attended the deceased fram. -- 16-67.19 196/, that (I) (we) last , ta 19 6 2, and that death accurred at #A M, fram causes and an the date stated above. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED ATTENDING 4-4-67 DIRECTOR M.D. PHYS. PHYS. page 3 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J-ALIJEOR EDICA director, shauld 23o. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial Wicomico Memorial Park Salisbury. Maryland 24. FUNERAL DIRECTOR VR A15 (4) & COMPANY, SALISBURY, MARYLAND 20 M 1/66



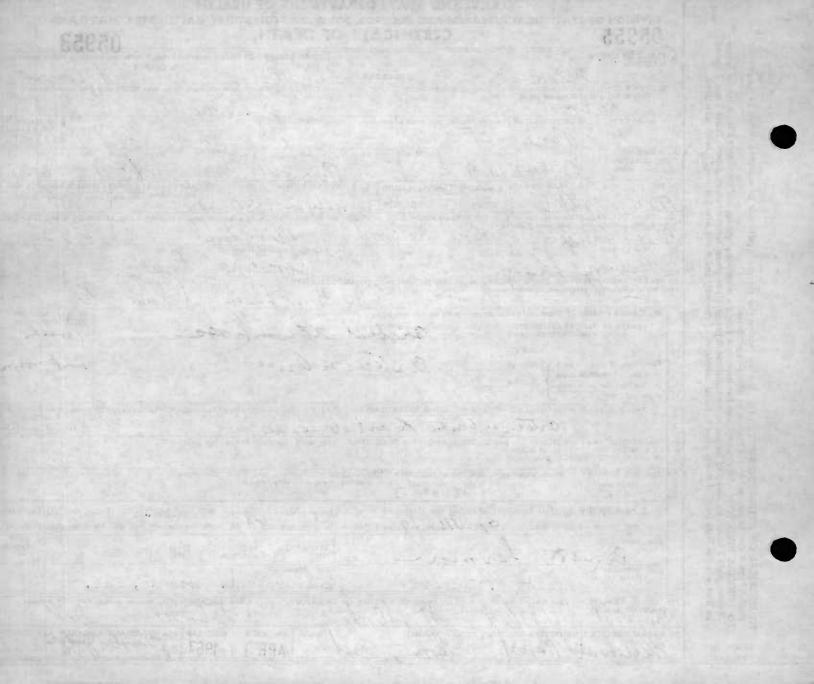




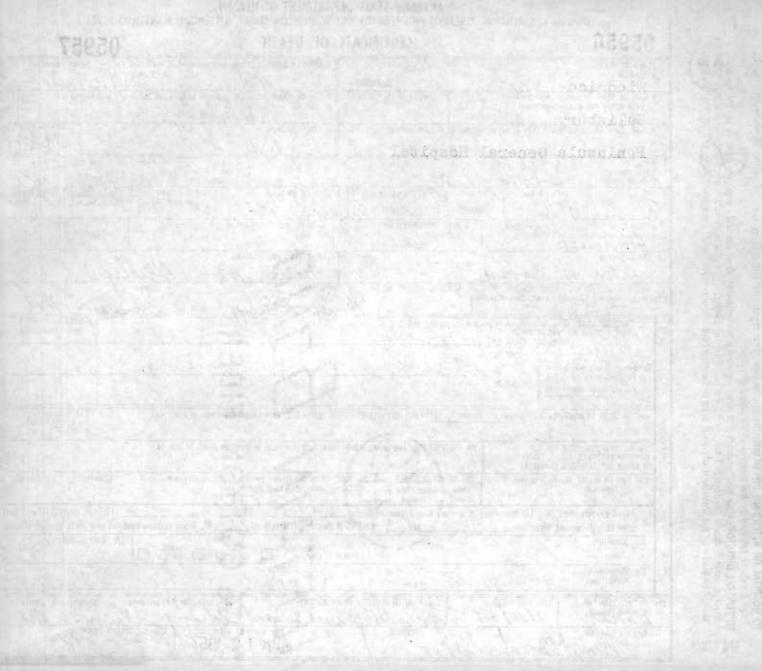
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 05954 HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland b. COUNTY Wicomico o. COUNTY delay is and 3 ta M3. Page Wicomico MARYLAND b. CITY OR TOWN (If outside corparate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) write RURAL and give nearest town) diter Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office alang with farm R.D.#4. Hancock Trailer Court | NO R.D.#4. Hancock Trailer Court Give Pages 24 hours ofter death. NAME OF DATE Month Year First Lost Day DECEASED 19 67 April LAWRENCE EDWARD POWELL (Type or print) DEATH within 1 YEAR S. SEX 9. AGE (In years IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Days in Item 18. June 15,1937 WIDOWED Male White event 11. BIRTHPLACE (State ar fareign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DE BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Salisbury, Maryland dny Brick Layer Examiner's Building 13. FATHER'S NAME pencil 14 MOTHER'S MAIDEN NAME This certificate should be executed within \_ George Elijah Powell Eva Mae Griffin pub 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND INFORMANT Mrs. Mary L. Powell (Wife) Bohnak Trailer Court, Gen. Del., Fruitland, permit. (Yes, no, or unknown) I(If yes give war ar dates of service pending" remaval. 220-32-9399 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), Mary Land and (c) PART I. DEATH WAS CAUSED BY ō IMMEDIATE CAUSE (a) e, writing the ward farwarded ta the Ch crematian, DUE TO Conditions, if any, which gave rise to immediate cause (a), DUF TO stoting the underlying couse OS burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO please execute the certificate. to pe 20a. EXTERNAL CAUSE WAS PRIMARY ☐ ar CONTRIBUTING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part L ar Part 11 of item 18.) agent, prior MEDICAL EXAMINER: CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE O INJURY (Home, farm, 20c. TIME OF INJURY Manth, Doy, Year factory, street, office bldg., etc.) Nat While FUNERAL DIRECTOR: Page 4-221967 at wark 21. I certify that Lipak charge of the remains described above, held an Autapsy Inspection X be retained far Inquicy and in my apinion Undetermined manner Suicide . death resulted from: Natural causes Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY April 0 DEPUTY MEDICAL EXAMINER EXAMINER'S Dr. Earl L. Royer Health NAME (Type) 409 Camden Avenue, Address (Street, city, town, or county) Salisbury. 23b. DATE THEREOF 23a. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City or Town) (County) (State) 0 REMOVAL (Specify) Worcester County, Maryland April 26,1967 Riverside Cemetery 25a REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) HOLLOWAY & COMPANY, SALISBURY, MARYLAND

05952 El Why a serie! Warrant Committee of the Committee of th Stinkers Jew Luis to the contract of the contrac

			E 1, MARYLAND
	05955 CERTIFICATE	OF DEATH	05953
	a. COUNTY MICOMICO MARYLAND	2. USUAL RESIDENCE (Where daceased lived, If in e. STATE Mel b. COUNT	
	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write	RURAL end give naarest town)
	108 Pine ST	d. STREET ADDRESS 108 Pine	9. IS RESIDENCE ON A FARM? YES NO 12
	OFFICE CASED CHARLES F.	PUSEY DEATH 4	Doy Year 19 6 7
1	nale White WIDOWED DIVORCED	July 2, 1880 Starthday)	FUNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
2	three Energees Renn Rails and	Maryland	12. CITIZEN OF WHAT COUNTRY
	asburg Puses	Capoline Ruse	y 1
(Ye	s, no, or unkown (Afryesgivawarordatesofiservice)	. Hond Rusey Delm	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  3.22 × DUE TO	thromboses	ONSET AND DEATH
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CATION	arterior brothe heart	disense	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
MEDICA	Hour e.m. While Not While factor at work at work	ory, straat, offica bldg., etc.)	(County) (Steta)
	saw the deceased alive on		nd on the date stated above
	Ernest Farmore M.		22b. DATE SIGNE 14/12/67
23.0	NAME (Type) Ernest M. Larmore	101 GroveSt. Delmar	*
	survey 4/13/67 Steph	ens delmos	Del
24	Many & Markets	APR 1 4 1967 7	arley Judge
	MEDICAL CERTIFICATION  12. 12. 12. 12. 12. 12. 12. 12. 12. 12.	1. PLACE OF DEATH 2. COUNTY    D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. CITY OR TOWN (if outside corporate limits, write RURAlpand give nearest town)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF STAY IN 1b Middle RURAlpand give street address)   D. C. LENGTH OF SUSINESS OF INDUSTED LIMITED LI	1. PLACE OF DEATH  S. COUNTY  MARYLAND  D. CITY OR TOWN III outside corporate limits, write PLENGTH OF STAY IN 15  C. CITY OR TOWN III outside corporate limits, write PLENGTH OF STAY IN 15  C. CITY OR TOWN III outside corporate limits, write C. CITY OR TOWN III outside C. CITY OR TOWN III



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05956 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND low requires that the death certificate be executed within 24 hours after Wicomico ly filled in by the fu on papers. Pages within 72 hours after b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d. STREFT ADDRESS YES NO Peninsula General Hospital DATE NAME OF DECEASED Manth Last Year OF DEATH 19 (Type or print) CO IF UNDER I YEAR IF UNDER 24 HRS SEX 6. COLOR OR RACE **NEVER MARRIED** DATE OF BIRTH 9. AGE In years 7. MARRIED remove birthday! Manths Davs Haurs in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT IDo USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? please INDUSTRY the attending physicion sit permit. Then please and Housewort 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECFASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service cremation, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY NFARETION YOCARDIAZ IMMEDIATE CAUSE (a) signed by DUE TO buriol, Conditions, if any, which gove PRIOSCLEDATIC CARDIBVASCULAR rise ta immediate cause (a). DUE TO stating the underlying cause the hospitol or attending TO FUNERAL DIRECTOR: After this certificate hos been os the last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO EMICOLECTOMY for 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m Not While ot work be retained by should be 1967, that (I) (we) last 21. I certify that/(1) (this hospital) attended the deceased fram. and that death accurred at\_ M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE ATTENDING M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LISBURY EVINS ODD director, should NAME OF CEMETERY OR CREMATORY 23da LOCATION (City or Town) (County) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 196 VR A15 (4) 20 M 1/66

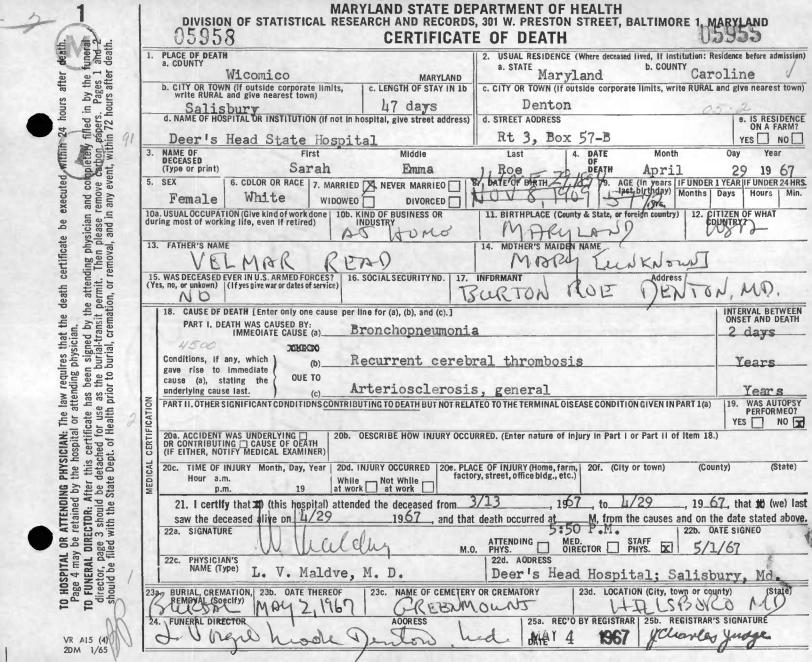


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If institution: Residence bafora admission) a. COUNTY a. STATE b. COUNTY MARYLAND Maryland Micomico c. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest town) Wicomico b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Weptquin d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State Peninsula General YES NO Hespital Tyaskin Md. 3. NAME OF DECEASED 4. DATE Month Day Yeer (Walter) the OF (Typa or print) DEATH 196 / Nancy 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Pears IF UNDER 1 YEAR 9. AGE IM IF UNDER 24 HRS. last bikhday) Months Deys Hours June 2, 1966 YES. 10a. USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pages 1, dona during most of working life, even if ratired) Maryland U.S.A. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME any 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT

(Yes, no, or unkown) (Ifyesgivawarordalesoftanyica) Milton Reid Address No Milton Reid Tyaskin Md Box 34 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUE TO Conditions, if any, which lon, ro gave risa to immediata cause DUE TO as emat (a), stating the underlying pesn causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION pe PERFORMED? burial, Medical NO 0 shoul 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY CCURED. (Enter neture of injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 0 Chief 1 to the Chie WEDICAL P 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Year 20a. PLACE OF INJURY (Homa, farm, 20f. (Gity or town) (County) (Stata) Not While factory, street office bldg., etc.) Whila Home Wie et work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion DIRECT designated Suicide death resulted from: Natural causes Accident X Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execution should be to FUNERAL ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY DEPUTY MEDICAL EXAMINER 9 Plea 4 she TO FUI Health Addrass (Straet, city, town, or county) 22a, BURIAL, CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) OL Burial Church Tvaskin FUNERAL DIRECTOR 248. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME 5M 1/62

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05959 HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY deloy is and 3 to Page Deportment of urs after death. 40 Maryland Wicomico Dorchester MARYLAND b. CITY OR FOWN (If outside corporate limits, write RURAL and give pearest town)
Salisbury c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 puo Hoopersville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours Office olong with form in Item 18. Give Poges 1, Deer's Head State Hospital YES NO DE 24 hours ofter deoth. 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED PHILIP PERRY ROSS 4-24-67 19 (Type or print) DEATH with t 9. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS S. SEX B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED I NEVER MARRIED last birthdoy) Months Dovs Hours 1-21-47 Male AA WIDOWED DIVORCED event 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA 10b. KIND OF BUSINESS OR Maryband dny rd "pending" in pencil in Chief Medicol Examiner's pages in any 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME This certificate should be executed within William Margie Travers Ross File pup 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, grunknown) (If yes give wor or dotes of service) permit. removol. Margie Travers Hoopersville. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-tronsit ONSET AND DEATH Acute pulmonary edema 0 IMMEDIATE CAUSE (o) used os a buriol-tror burial, cremotion, o ecute the certiticate, writing the word Poge 4 should be forwarded to the Ct DUE TO Contused brain with coma 57 days Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) Fractured right femur please execute the certificate. NO EX ogent, prior to 20o. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should Passenger in front seat of auto in accident. Thrown out. LAL EXAMINER: 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Route 16 While Not While of work for your moy be retained for your FUNERAL DIRECTOR: Poge of work 2-26-6719 Church Creek, Dorchester, Md designated 21. 1 certify that I took charge af the remains described above, held an Autapsy Inspection A and in my opinion Natural causes. Accident X. death resulted from Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY April 27, 1967 0 DEPUTY MEDICAL EXAMINER EXAMINER'S Earl L. Royer, M.D. 5 moy 170 FUNER Address (Street, city, town, or county) 109 Camden Ave. Salisbury. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) BURIAL, CREMATION, (County) REMOVAL (Specify) Dorchester County, Maryland Meekins Neck Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2 Milanles & VR A15ME (5) 1967 St. Clair Funeral Home, Cambridge, Md. 6M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05960 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, Maryland Wicomico MARYLAND filled in by the find papers. Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Pittsville Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO Peninsula General Hospital P.O. Box 9/ completely fill flove corbon p v event, with NAME OF DATE Lost Month Doy Year DECEASED OF DEATH RALPH WESLEY 19 6 (Type or print) IF UNDER 1 YEAR S. SEX AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8. DATE OF BIRTH lost birthdoy) Months Hours WIDOWED DIVORCED March 6.1912 rem and 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Self employed-Mechanic Oil Burner Serv. COUNTRY? pleose Wilmington, Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Kathryn Hinsley Ralph Russum 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Mrs. Mary R. Russum (Wife) P.O. Box 94, Pittsville, M 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) signed by the buriol-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? MEDICAL CERTIFICATION NO P YES for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Not While foctory, street, office bldg., etc.) ot work ot work 4-7, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. . 1967, to 4 be retoined 1967, and that death accurred at 11 -AM, from causes and on the date stated above saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ARTHUR PENINSULA RENER AL 140SP directar, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) Pittsville Cemetery Pittsville, Maryland Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/60 HOLLOWAY & COMPANY, SALISBURY, MARYLAND

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7	1.	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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7	hours after death.  d in by the funeral rs. Pages 1 and 2 thours after death,	1. PLACE OF DEATH a. COUNTY  Wicomico  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE b. COUNTY Wicomico  MARYLAND
	e be executed within 24 hours after sician and completely filled in by the lease remove carbon papers. Pages Jand in any event, within 72 hours after	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	in b	Salisbury 42.
	24 horizon de 24 horizon 24 horizon 24 horizon 27 horizon 27 horizon 27 horizon 27 horizon 24 horizon 25 horiz	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  d. STREET AOORESS  e. IS RESIDENC ON A FARM?
	y fill y fill 80	Peninsula General Hospital Spring Hill Road YES NO
	within pretely arbon nt, with	3. NAME OF First Middle Last 4. DATE Month Day Year OF (Type or print) JAMES LIONEL SEABREASE DEATH April 29 19 67
	ven de de	
	executed and com remove n any eve	S. SEX   6. COLOR OR RACE   7. MARRIEO   NEVER MARRIEO   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   FUNDER 24 HR   Months   Days   Hours   Min   Months   Days   Hours   Min   Min   Months   Days   Hours   Min
	exi in a	10a. USUAL OCCUPATION (Glye kind of work done   10b. KIND OF BUSINESS OR   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	sicia ease and	during most of working life, even if retired) INOUSTRY Manager Hardware Mardela, Maryland USA
	phy:	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	certifica Iding ph Then remova	A. Lake Seabrease Alphonso Elliott
	eath certificate be estitution attending physician ermit. Then please on, or removal, and in	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give war or dates of service) Mrs. Wilsie G. Seabrease (Wife)
	deat e at perm ion,	Yes   War II   218-16-5722   Spring Hill Road, Salisbury, Maryland
	The law requires that the death certificate be or attending physician. Sate has been signed by the attending physician r use as the burial-transit permit. Then please ealth prior to burial, cremation, or removal, and in	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Representation of the control of the
	lat to sian.	IMMEDIATE CAUSE (a)
	sign sign rrial	Conditions, If any, which \ (h)
	g planting p	gave rise to immediate (
	law requires that tattending physician. has been signed be as the burial-tran h prior to burial, cre	cause (a), stating the underlying cause last. (c)
	atte atte hase a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMEO?
		S Hepatic F, broses, gostric dilatation, antenseleus YES X NO[
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS' PERFORMED?  VES NO [ 20a. ACC DENT WAS UNDERLYING ]  OR CONTRIBUTING ] CAUSE OF OFATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  NI/O
	PHYSICIA the hospi this cer detached e Dept. of	N/A
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work Not While at work at work 19
	ATTENDING INTERPRINE BY 1 CTOR: After Should be could the State with the State by 1 ctores.	
	OR ATTENDI be retained IIRECTOR: A ie 3 should ed with the	21. I certify that (I) (this hospital) attended the deceased from 1 course, 19 63, to 17 m, 19 , that (I) (we) la saw the deceased give on 2 1967, and that death occurred 2 2 2 M, from the causes and on the date stated above
10	reta ECTO 3 sh with	22a. SIGNATURE 22b. DATE SIGNED
	- 00 W	M.D. ATTENDING MED. STAFF PHYS. May / /1967
	may may L. pag. r., pag. file	22c. PHYSICIAN'S NAME (Type)
	ro Hospital Page 4 may ro Funeral director, pa should be fi	Dr. Robert T. Adkins Fruitland, Maryland
	Page FUN direct should	REMOVAL (Specify)
		Burial May 1,1967 Spring Hill Memory Garden's Salisbury, Maryland  24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  25a. PECUL BY REGISTRAF 25b. PECUL BY REGIS
	VR A15 (4)	HOLLOWAY & COMPANY, SALISBURY, MARYLAND MAI 2 196
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05962 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE n SORA HEALTH DERT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a COUNTY o STATE b. COUNTY delay is and 3 to Poge Wicomico Wicomico Maryland MARYLAND CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) Department c. LENGTH OF STAY IN 16 ofter Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d STREET ADDRESS haurs Office along with farm R.F.D. #1. Box 108 DOA Peninsula General Hospital YES NO ote in Item 18. Give Pages after death. NAME OF 4. DATE Year within 72 DECEASED (Type or print) MARY SHARP FILEN BROWN L-20-67 DEATH with 1 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months Hours 6-23-17 AA WIDOWED DIVORCED haurs event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Home COUNTRY 24 Wicomico Co.. Md. d "pending" in pencil in Chief Medical Examiner's 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME This certificate shauld be executed within Harqis Brown Eleanor Pleasonton 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no. or unknown) (If yes give war ar dates of service remayal 213-14-6379 George U. Sharp, Mardela Springs, Md No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary occlusion 10 IMMEDIATE CAUSE (a) writing the ward crematian, DUF TO Arteriosclerotic cardio-vascular disease Canditions, if any, which gave vears rise to immediate couse (o). DUF TO 0 stating the underlying couse 0.5 burial, c last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? the certificate, NO IC its designated agent, priar ta 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 1B.) 3 shauld PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (City or town) Nat While factory, street, office bldg., etc.) FUNERAL DIRECTOR: Poge at wark at work please execute Inspection X 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X, ond in my opinian Natural causes Hamicide Undetermined manner death resulted from: Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE may be Earl L. Royer, M.D. DEPUTY MEDICAL EXAMINER X Health or April 21, 1967 EXAMINER'S Address (Street, city, fawn, or county) 109 Camden Ave., Salfisbury, Md. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23o. BURIAL CREMATION. (County) 50 April 24.1967 Zion Cemetery Near Sharptown, Maryland 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** rentem Michaeles VR A15ME (5) Frampton funeral Home, Federalsburg. Md. 6M 1/66

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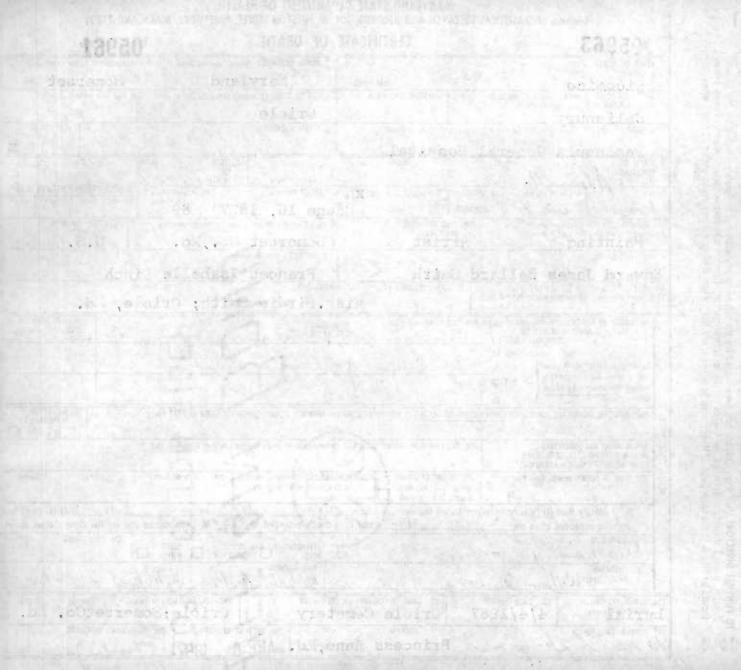
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ot the dec the atten ssit permi mation, o		IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	Birdie Smith; Oriole, Md.  T. Color South of Onset and Death onset and Death
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or ottending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral is 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 ed with the State Dept. of Health prior ta burial, cremation, or removal, and in any event, within 72 hours after death		IMMEDIATE CAUSE (0)  Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.  Conditions if ony, which gove the couse (0), stating the underlying couse (c)	Tomal metador
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oy be re oy be re ve filed w		William B Jong M.D. F	ATTENDING MED. STAFF PHYS. 22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior ta		b. BURIAL (REMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATERY OF CEMETERY	
VR A15 (4)	(2)	FUNERAL DIRECTOR ADDRESS Anne,	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

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Ridgely, Md.

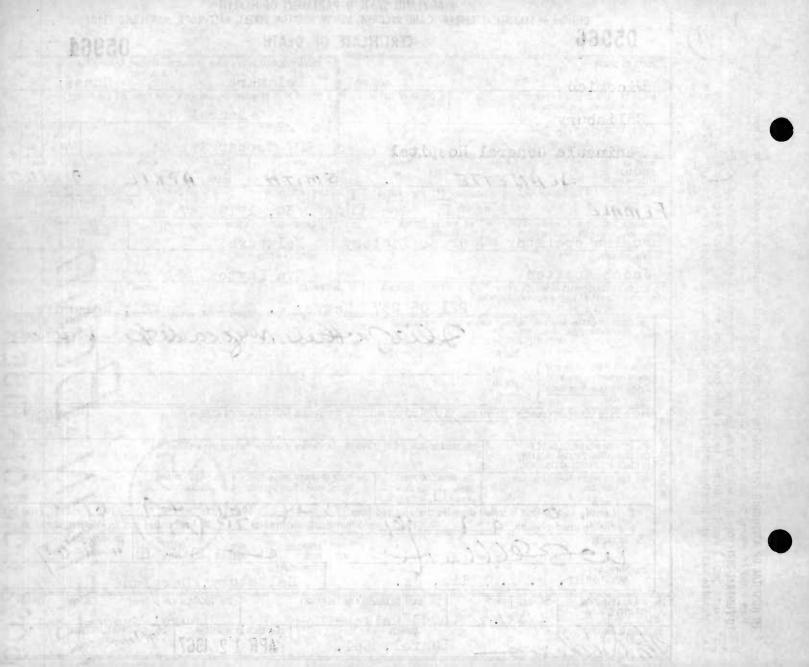
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05965 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY o. COUNTY and completely filled in by the fun-remave carban papers. Pages 1 MARYLAND ACCO MACA c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MPEVA NCP d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, HOM Narsi YES Y NO DATE NAME OF Middle Month Doy Year DECEASED OF DEATH 26 TENCP 19 6 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS AGE (In veors 8. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) INDUSTRY Hag-Sewife ACCOMACK Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME UNCAN INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service g 219-44-1936 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse the has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO TO FUNERAL DIRECTOR: After this certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20d. INJURY OCCURRED (County) 20c. TIME OF INJURY Month, Dov. Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work ot work 1960, to 4-21. 21. I certify that (I) (this hospita)) attended the deceased fram, \_, and that death accurred at 2 and M, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S TO HOSPITAL Page 4 may 1 NAME (Type) 23d. LOCATION (City or Town) NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF (County) REMOVAL (Specify) TEMPERANCED, 11e, ACCOMACK AI MEMOYI 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE MAY

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05966 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) filled in by the funeral papers. Pages I and deal a. COUNTY o. STATE b. COUNTY Delaware MARYLAND Sussex bon papers. Pages 1 within 72 hours after Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If gutside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) Laurel Salisbury

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 80 NO 3 Cooper Street YES Peninsula General Hospital DATE Month 3. NAME OF Middle Lost Doy Year attending physician and campletely sermit. Then please remave carbot DECEASED 5MITH 19 L. DEATH (Type or print) even IF UNDER 24 HRS AGE IF UNDER 1 YEAR S. SEX DATE OF BIRTH In years 6. COLOR OR RACE NEVER MARRIED last birthday) Months Hours Doys and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) COUNTRY? during most of working life, even if retired)
machine operator INDUSTRY dress factory Delaware IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jacob Wootten Eva Layton 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) 5 Harvey J. Smith no crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and, (c). the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gave rise ta immediate cause (a). DUE TO far use as the L f Health prior tab stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (Stote) 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Yeor factory, street, office bldg., etc.) Hour o.m. Nat While 19 at wark 21. I certify that (1) (this hospital) attended the deceased from. 190 / that (I) (we) lost shauld M, fram causes and an the dote stoted above , and that death occurred of 7 P saw the deceased alive on. 22g. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR ATTENDING M.D. 22d, ADDRESS 22c. PHYSICIAN'S Ellis, NAME (Type) Dr. Salisbury Jr. Maryland directar, shauld 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. Burlal (Specify) 000 Fellows Cem 2Sa. REC'D 8Y REGISTRAR FUNERAL DIRECTOR Charlen 1967 VR A15 (4) 20 M 1/66 Laurel, Del.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 70 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY and completely filled in by the femore carbon papers. Pages 1. Any event, within 72 hours after COMICO MARYLAND COMICO CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) cars. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 00 NO V YES executed within NAME DF DECEASED 3. First Middle Month Dey Last DATE Year (Type or print) DEATH 19 6 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Jast pirthday) | Months | Days | Hours | Min. 8. 9. 7. MARRIED NEVER MARRIED WIDOWED DIVORCED . Then please (e removal, and in 1Da. USUAL OCCUPATION (Give kind of work done i 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) COUNTRY MAIDEN NAME 13. FATHER'S NAME 3 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address been signed by the atten the burial-transit permit. It to burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) W.W INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (b), and (c). law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate as the prior to DUE TO stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for use should be filed with the State Dept. of Health PERFORMED? YES [ NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While retained by p.m. at work at work 21. I certify that (I) (this hospital)/attended the deceased from saw the deceased alive on and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE **6** 8 STAFF DIRECTOR M.D. PHYS TO HOSPITAL (Page 4 may PHYSICIAN'S ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stake) REMOVAL (Specify) 2 MINO FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S VR AIS (4) 20M 1/65

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	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	# E\$#	U5968 CERTIFICATE OF DEATH U5966
	hours after death, d in by the funeral rs. Paggs Land Y Pours after beath.	1. PLACE OF DEATH e. COUNTY Wicomico  MARYLAND    2.   SUAL RESIDENCE (Where deceased lived, If institution: Residence before admission as STATE Maryland b. COUNTY Somerset
	by the Pages urs aff	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
	in by Page hours	Salisbury 762 days Chance 19
	fille pape in 72	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Deer's Head State Hospital  d. STREET ADDRESS  e. IS RESIDEN ON A FARM YES \( \sum_{NO} \)
	uted within 2 completely fil we carbon par event, within	3. NAME OF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) Annabelle Spotman DEATH April 11 19 67
	executed within and completely remove carbon any event, with	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24H   Months   Days   Hours   Miles   Mi
	certificate be ex nding physician a . Then please re removal, and in a	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  11b. BIRTHPLACE (County & State, or foreign country)  12c. CITIZEN OF WHAT COUNTRY?  COUNTRY?  USA
	icate phy n pl val,	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
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	death content death content death content death	15. WAS DECEASED EVER IN U.S. ARMEDFORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Not Knowed
	the oy the sit sit	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Arteriosclerotic cardiovascular disease  (Years)
	hysidhysidhysidhysidh	Cenditions, if any, which gave rise to immediate (b) with cardiac failure Cerebral vascular thrombosis 3 years
		cause (a), stating the DUE TO underlying cause last. (c)
	W _ W = =	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPS PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUS
	PHYSICIAN: The the hospital or this certificat detached for ue Dept. of Heal	
	ig PHYs by the light ter this be detailed tate De	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   4 mork   20f. (City or town)   20f. (City or t
	TO HOSPITAL OR ATTENDING PHYSIC. Page 4 may be retained by the hos TO FUNERAL DIRECTOR: After this or director, page 3 should be detache should be filed with the State Dept.	21. I certify that (I) (this hospital) attended the deceased from 3/10 , 19.65, to 4/11 , 19.67, that (I) (we) is saw the deceased alive on 4/11 1967, and that death occurred at M, from the causes and on the date stated about
•	AL OR A ay be r L DIREC page 3 filed wi	22a. SIGNATURE    Control of the con
	O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	NAME (Type) L. V. Maldve, M. D. Deer's Head State Hospital; Salisbury, M
	Sho Sho	23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL  4/19/67  23c. NAME OF CEMETERY OR CREMATORY BURIAL  Princess Ame, Md  At Hope  Princess Ame, Md
	VR AI5 (4) 20M 1/65	William H. James Jr Princess Anne, Md Date APR 2 0 1987 Julian Junge

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Division of STATISTICAL RES	MARYLAND STATE DEP SEARCH AND RECORDS, 301		TIMORE, MARYLAND 21201	
05970	CERTIFICATE	OF DEATH	05989	4
1. PLACE OF DEATH a. COUNTY Wicomico b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital	MARYLAND  C. LENGTH OF STAY IN 1b  O O Tys  II, give street address)	O. STATE	eased lived, if institution: Residence b b. COUNTY arate limits, write RURAL and give ne	conica
write RURAL and give nearest tawn)  Salisbury  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital  Peninsula General H  3. NAME OF First DECEASED (Type or print)  S. SEX 6. COLOR OR RACE 7. MARRIE  FEMALE White WIDOWE	H, St	Lost 4. DAT OF DEA	110011	Day Year 19 6 7 AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of wark dane during mast at warking life, even if retired)  13. FATHER'S NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES?	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, a		N OF WHAT
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sow the deceosed olive on	B State M.D.  23c. NAME OF CEMETERY OR CO	ATTENDING PHYS.  22d. ADDRESS  REMATORY  23d.	STAFF 22b. DATE  R PHYS. 4  LOCATION (City or Town)	SIGNED  O / G 7  Junty) (State)
24. EUNERAL DIRECTOR	IV Elve M	DAPR 1 2	1967 256 PEGISTRAR'S SIGN	Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05971 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH o. STATE b. COUNTY a. COUNTY Wicomico MARYLAND Wicomico Maryland b. CITY OR TOWN (If outside carparate limits, write RURAL and give neorest town) c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b 62 Days Salisbury Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) YES \ NO K Deer's Head State Hospital, Salisbury, Md. 521 Navlor Street NAME OF 4. DATE Year DECEASED (Type or print) DEATH April Nellie Tarr Mae IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In vears 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdoy) Haurs WIDOWED DIVORCED K December 12,1903 White Female 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Shirt Factory N. Hampton County, Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME George Hopkins Margie Moore 17. INFORMANT
Mr. Sidney P. Carey (Son)
317 Penn St., Salisbury, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknown) (If yes give wor or dates of service) 214-10-6356 INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pneumonia IMMEDIATE CAUSE (a) DUF TO Cerebral vascular accident 3 months Conditions, if ony, which gove rise ta immediate cause (a), **DUE TO** stoting the underlying couse Arteriosclerosis, general Years last. 19. WAS AUTOPSY PERFORMED?
YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH N/A (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur a.m. factory, street, office bldg., etc.) e deceased from 2/8, 1967 to 4/11, 1967, that (I) (we) last 1967, and that deoth accurred at 3:21 M, from causes and an the date stated abave. 21. I certify that (1) (this hospital) attended the deceased from saw the deceased alive on. 22b. DATE SIGNED 22a STGNATURE STAFF PHYS. 4/12/67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S A. C. Mitchell, M. D. Deer's Head State Hospital, Salisbury, Md. NAME (Type)

23c. NAME OF CEMETERY OR CREMATORY

April 15,1967J. Wm. Lee's Sons Co.

signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages I and burial, crematian, ar remaval, and in any event, within 72 hours after deat far use as the b f Health priar to b the haspital or attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the TO HOSPITAL OR ATTENDIN Page 4 may be retained by director, shauld b

law requires that the death certificate be executed within 24 hours after death

VR A15 (4) 20 M 1/66

Cremation
24. FUNERAL DIRECTOR **ADDRESS** HOLLOWAY & COMPANY, SALISBURY, MARYLAND

23a. BURIAL, CREMATION REMOVAL (Specify)

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Washington, D. C. 256 REGISTRAR'S SIGNATURE

(County)

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05972 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death filled in by the funeral name of papers. Pages 1 and 2 ithin 72 hours ofter death, 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY Wicomico b. COUNTY. Wicomico MARYLAND Varyland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5. Salisbury YES NO K carbon 3. NAME OF 4. DATE First Middle Lost Month Doy Year DECEASED 26 1967 Clara Thomas April (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED pleose remaye lost birthdoy) Months Hours WIDOWED DIVORCED and in any July 10,1893 Female the ottending physician and sit permit. Then pleose rem 10o. USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10b. during most of working life, even if retired) **INDUSTRY** COUNTRY? U.S.A. Maryland Domestic none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Laura Hudson George Morris 1S. WAS DECEASED EVER IN U.S. ARMED FORCE S? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) Rt.5, Salisbury, Md. Percev Thomas 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retained by the hospital or ottending physicion. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse os the TO FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? for use of Health NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (County) (Stote) Not While Hour o.m. foctory, street, office bldg., etc.) of work ot work 21. I certify that (I) (this haspital) attended the deceased fram\_ , 1965, ta 26 (Upc, 196), that (I) (we) last 1967, and that death accurred at 450 M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, g 23b. DATE THEREOF 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) Arces Cemetery Salisbury Wicomico Green 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico Wicomico Maryland death. MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 1h c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and write RURAL and give negrest town after Salisbury (Rural) Salisbury (Rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs R.D.#5. Upper Ferry R.D.#5. Upper Ferry Item 18. Give Pages ate YES NO haurs after death. NAME OF First Middle 4 DATE Doy Year DICEASED the within GILBERT FRANKI.IN TOWNSEND 19 67 (Type or print) DEATH April 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. last birthdoy) Months Doys Male White February 2, 1906 WIDOWED DIVORCED Land 2 event 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Wicomico County, Maryland
14. MOTHER'S MAIDEN NAME pending" in pencil in of Medical Examiner's any County employee Ferry Operator USA pencil i 13. FATHER'S NAME be executed within = Fairy Taylor Larry Townsend File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Mrs. Jean E. Twilley (Daughter) 323 Cedar Drive, Salisbury, Maryland permit. remayai (Yes, no, or unknown) (If yes give wor or dotes of service) 213-18-5521 No 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH D IMMEDIATE CAUSE (o) ward This certificate shauld crematian, DITE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate. YES [ NO pe 20o. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) agent, prior 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town (County (Stote) 6:00 -pm. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page please execute ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection ond in my opinion Notural couses Suicide X deoth resulted from: Accident Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Philip A. Insley Health NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) April 13,1967 Siloam Cemetery Siloam, Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (S HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAAPR 6M 1/66

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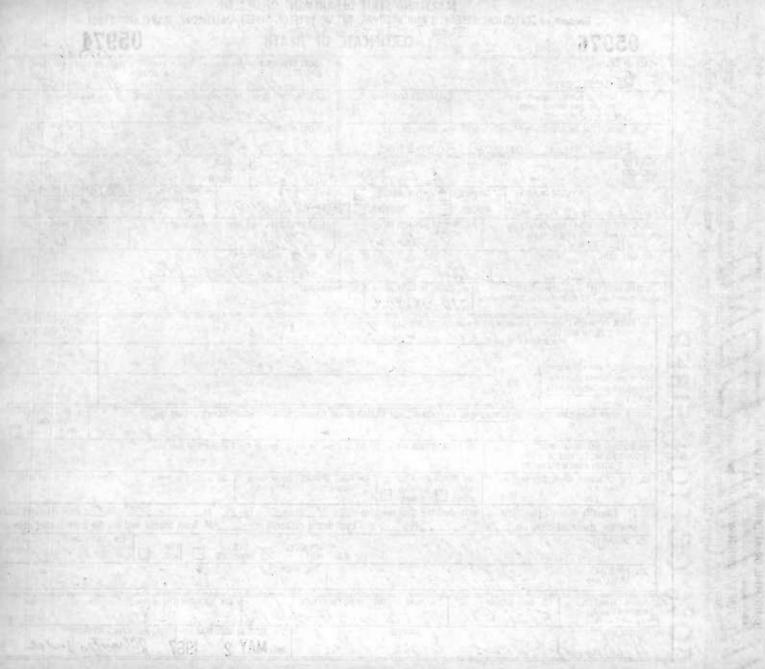
1	Division of STATISTICAL RE	MARYLAND STATE DEP SEARCH AND RECORDS, 301	ARTMENT OF HEALTH W. PRESTON STREET, BALTIMOR	RE, MARYLAND 21201
	05974	CERTIFICATE	OF DEATH	05972
	ACE OF DEATH COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where deceased live a. STATE  Maryland	ved, if institution: Residence before odmission) b. COUNTY Wicomico
	CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corparote lin	nits, write RURAL and give neorest town)
80	NAME OF HOSPITAL OR INSTITUTION (If not in hospit Peninsula General	Hospital	d. STREET ADDRESS  Delware, St.	e. IS RESIDENCE ON A FARM? YES NO
3. NA	AME OF First (CEASED John (pe or print) John	Middle W.	Last 4. DATE OF DEATH DEATH 9. AG	Month Day Year A PRILE 1962  E (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
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during	g most of working life, even if retired)  Berber  ATHERS NAME	industry none	Maryland 14. MOTHER'S MAIDEN NAME	COUNTRY?
15 M	John W. Turner S		Emley ?	Address
Y ar (Yes,	no, or unknown) (If yes give wor or dotes of service)  18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	And	trew Tuner Jers	ey Rd. Salis. Md.  INTERVAL BETWEEN ONSE! AND DEATH
n	Conditions, if any, which gave is to immediate couse (a), attaining the underlying cause ost.	Verros clerosis,	cerebral	years nary
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CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		Enter noture of injury in Part I or Port II o	ty or tawn) (Caunty) (State)
MEDICAL	Hour a.m. p.m. 19 at	While Not While foctor	iry, street, office bldg., etc.)	4 - 28 . 1967, that (I) (we) last
-	21. I certify that (I) (this hospital) at saw the deceased alive an	19 67, and that	death accurred at nom. , fr	am causes and an the date stated abave.
230.	Wellin M. J.	desure of M.D	ATTENDING MED. PHYS. DIRECTOR D  22d DRESS	STAFF PHYS. D 4-28 67
230.	NAME (Type)  BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY OR C		ON (City or Tawn) (Caunty) (Stote) Shury Wicomico Md.
	FUNERAL DIRECTOR	Green Arces	250. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE

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2		MARYLAND STATE DEPARTMENT OF HEALTH ARCH AND RECORDS, 301 W. PRESTON STREET, BA	
	05975	CERTIFICATE OF DEATH	05973
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by the Page	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury	Poral C	porate limits, write RURAL and give nearest town)
ithin 24 ho y filled in an papers.		Hospital RFD	e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
ole ely carban ent, with	3. NAME OF DECEASED (Type or print)		ATH APRIL 17 1967
executed of and cample remove can any event,	5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED		9. AGE (In years lamber 1 YEAR   JF UNDER 24 HRS. Manths   Doys   Haurs   Min.
ate be ex ician and lease rem and in an	during most of working life, even if retired)	IND OF BUSINESS OR NOUSTRY Somerset Co	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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ne death cer attending p permit. The	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	SOCIAL SECURITY NO. 17. INFORMANT  Mr. Dox/e Ty	ler Crifield Md.
that the death certificate be execton.  by the attending physician and contransit permit. Then please remore cremation, ar removal, and in any	IB. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rod, (b), and (c).)	Consers observation of the contract of the con
equires that the physician. signed by the burial-transit burial, cremat	Canditians, if ony, which gave rise to immediate couse (a),	Expanded when	Duodenum 2mh
law recending paragraphs is been so as the borior to brior to brio	stoting the underlying couse   DUE 10   (c)	ant. wa	
AN: The law re all or attending ficate has been for use as the Health prior to	САТІОН	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	YES NO
豆造造っち	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I as INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 2	
DING PHYSIC by the haspi (fer this certi be detached State Dept. a	Hour a.m. 19 While of wo	e Nat While of work foctory, street, office bldg., etc.)	7 4.7 19
TTENDI ained b OR: Afi nauld b	21. I certify that (I) (this hospital) atters saw the deceased alive on 220. SIGNATURE	nded the deceased from	
ITAL OR ATTEND may be retained RAL DIRECTOR: A page 3 should be filed with the	22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTO	STAFF DI WIND, WI
TO HOSPITAL Page 4 may TO FUNERAL director, pag shauld be fil	NAME (Type)  230 BURIAL, CREMATION, 23b. DATE THEREOF	C/E VILLUCAL CO.  23c. NAME OF CEMETERY OF CREMATORY 23c	L LOCATION (City or Town) (Sounty) (Stote)
TO HOSP Page 4 r TO FUNER director, shauld is	REMOVAL (Specify)  20/67  24. FUNERAL DIRECTOR	ADDRESS A J 250 PEC D.BY RE	Crifie / Someriet: Mo
VR A15 (4) 20 M 1/66	Hames Hennes	Crest keld No DATE	1961 Karanas June

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item 05976 The law requires that the death certificate be executed within 24 haurs after death . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Wicomico MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give neorest town) haurs Salisbury e. IS RESIDENCE ON A FARM? the attending physician and completely filled in sit permit. Then please remaine carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS within 72 Peninsula General YES NO Hospital please remaine carban 3. NAME OF 4. DATE Month Doy First Year DECEASED (Type or print) 20 DEATH 19 S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last\_birthdoy) Months Dovs Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? armen 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT burial-transit permit. (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) signed by be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been far use as the WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART I(6) NO 20o. ACCIDENT WAS UNDERLYING [] 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port of Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office blda., etc.) Not While at work 21. I certify that (I) (this hospital) attended the deceased from and that death occurred of sow the deceased olive an M, from causes and on the date stated obave 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR M.D. directar, page shauld be filed 22d\_ ADDRESS 22c. PHYSICIAN'S NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE MAY 2



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05977 FOR STATE HEALTH DERT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY 2, and 3 to PM3. Page Wicomico Wicomico MARYLAND b. CITY OR TOWN (If outside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 write RURAL and give nearest tawn)
Salisbury after Depart Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? le certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with farm 72 haurs Peninsula General Hospital D.O.A. 413 Washington St YES NO IX 24 hours after death. 3. NAME OF 4 DATE Middle Last Month Day Year DECEASED GEORGE DAVID WEBB (Type or print) April 26 IF UNDER 1 YEAR 19 67 whhin DEATH pages 1 and 2-with SEX 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH last birthday) Manths Days Hours Male WIDOWED DIVORCED White May 4.1890 event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Carpenter **INDUSTRY** COUNTRY? any Cabinet Making Girdletree. Marvland USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME be executed within George M. Webb Florence Tarr pup 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes na, or unknown) (If yes give war or dates af service) Mrs. Ella E. Webb (Wife)
413 Washington St., Salisbury. remaval, 214-10-9100A 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ar Coronary occlusion IMMEDIATE CAUSE (a) This certificate shauld burial, crematian, DUF TO Conditions, if ony, which gave Arteriosclerotic cardio-vascular disease vears rise to immediate cause (a). DUE TO stating the underlying couse 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? the certificate, NO X p 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) Health ar its designated agent, priar PRIMARY CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page at wark at wark please execute 21. I certify that I tapk charge of the remains described above, held on Autopsy Inspection X Inquiry X and in my apinian death resulted frame Homicide the funeral directar. Natural couses Accident [ Suicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE April ? TO DEPUTY DEPUTY MEDICAL EXAMINER Dr. Earl L. Royer EXAMINER'S Address (Street, city, tawn, ar county) NAME (Type) 1179 Camden sbury, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) 50 REMOVAL (Specify) Wicomico Memorial Park Salisbury, Maryland April 29,1967 25b. REGISTRAR'S SIGNATURE 2Sg. REC'D BY REGISTRAR HOLLOWAY & COMPANY, SALISBURY, MARYLAND VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05979 CERTIFICATE OF DEATH N5977 death. requires that the death certificate be executed within 24 haurs after death. funeral 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY , filled in by the fund in papers. Pages 1 c ithin 72 haurs after d Wicomico Maryland MARYLAND Worcester b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Salisbury 159 days Berlin d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street uddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rt. 1 Box 287 Deer's Head State Hospital YES NO ent, with NAME OF First Middle 4. DATE Carbon Last Month Year Doy campletely DECEASED LUCY MAE WIDGEON 16 1967 (Type or print) DEATH SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED remove last birthday) Manths Days WIDOWED DIVORCED Aug. 22. 1884 and in any and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY TISA? attending physician sermit. Then please Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, William Richardson Rebecca Godfrey 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address Bryan Widgeon Berlin. Md. cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Adenocarcinoma of colon with widespread by the haspital ar attending physician. DUF TO July 1966 Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause as the prior tak **DIRECTOR:** After this certificate has been PHYSICIAN: The low (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? detached far use te Dept. af Health NO X YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (State) foctory, street, affice bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased from November 8, 1966, to April 16, 1967, that (I) (we) last saw the deceased olive on April 16 197, and that death occurred at 7:20PM, from causes and on the date stated above. be retained 22a. SIGNATURE 22b. DATE SIGNED ATTENDING director, page 3 shauld be filed v M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Deer's Head State Hospital, Salisbury A. C. Mitchell, M. 23b. DATE THEREOF 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 4-19-67 Evergreen Berlin. Wor. Buria AL DIRECTOR REGISTRAR'S IGNA ADDRESS 2Sa. REC'D BY REGISTRAR Ullrich Funeral Home Berlin, Md.

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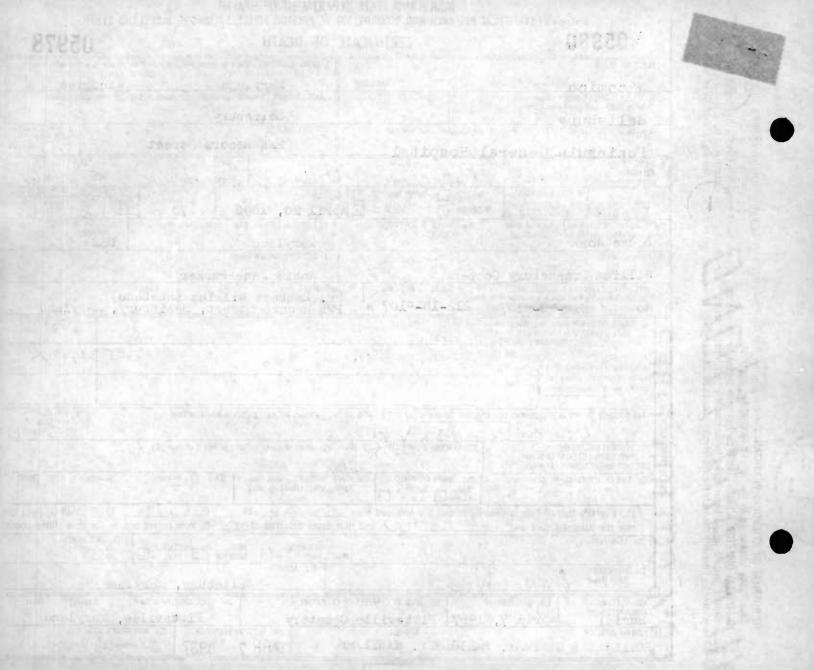
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05980 CERTIFICATE OF DEATH pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) MARYLAND Maryland Wicomico c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) papers. Pog thin 72 haurs requires that the death certificate be executed within 24 hours the attending physician and completely filled in by sit permit. Then please rémave carban papers. P Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Salisbury d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 224 Record Street NO A Peningula General cdrban 3. NAME OF Middle 4. DATE First Lost Month Dov DECEASED 1967 ERINE (Type or print) DEATH nany even IF UNDER 1 YEAR S. SEX AGE IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH (In years 7. MARRIED -NEVER MARRIED lost birthdoy) Months Hours April 20, 1896 WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Greensbury Cooper Annie Jane Parker Mr. Lambert Wilkins (Husband) 224 Record Street, Salisbury, Maryland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 212-10-9107 A 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) at Ampotation Sight DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO far use as the t f Health priar to t stating the underlying couse be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While foctory, street, office bldg., etc.) Hour o.m. ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram. 19 67that (1) (we) last 3 /22, 1967, to 19 67, and that death accurred at  $\supset P$  M, from causes ond on the date stoted obove saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Salisbury, Maryland directar, shauld 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) Burial Pittsville, Maryland 1967 Pittsville Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HOLLOWAY & COMPANY, SALISBURY, MARYLAND DAPR 7



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PURAL end give neerest town)  e. IS RESIDENC ON A FARM YES NO Dey Yeer  7 19 7  FUNDER 1 YEAR IF UNDER 24 HR: Months Deys Hours Min.  12. CITIZEN OF WHAT COUNTR
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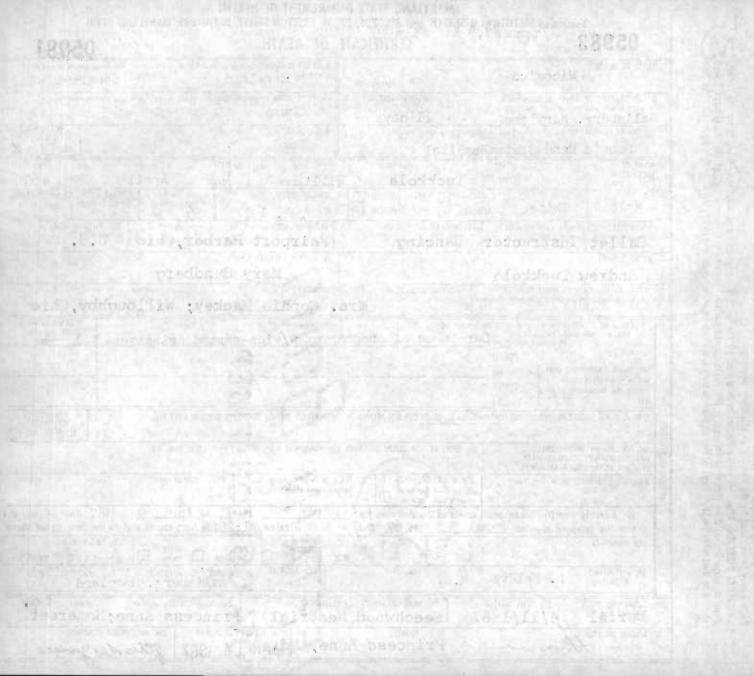
MARYLAND STATE DEPARTMENT OF HEALTH

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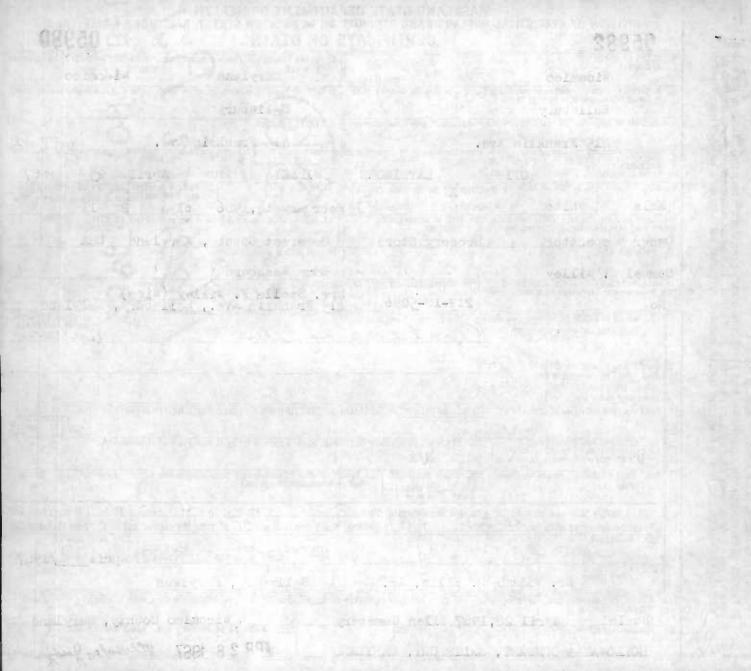
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05983 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). Wicomico a. COUNTY o: STATE Maryland b. COUNTY Somerset the attending physician and completely filled in by the fun sit permit. Then please remaye carbon papers. Pages 1 nation, or removal, and in any event, within 72 haurs aftered MARYLAND b. CITY OR TOWN (If autside carporate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Champ Salisbury, Maryland 11 day
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 11 days IS RESIDENCE ON A FARM? d. STREET ADDRESS Deer's Head State Hospital YES NO IX 3. NAME OF First Last 4. DATE Manth Day Year DECEASED Ray Tuokkola April 19 67 Williams (Type or print) DEATH IF UNDER 24 HRS. IF UNDER 1 YEAR S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** Manths birthday) Hours Days Male White WIDOWED DIVORCED Feb. 1. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT Dancing Fairport Harbor, Ohio 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Sundberg Andrew Tuokkola IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates af service Mrs. Sophia Mackey: Willoughby. Ohio CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Carcinoma of INTERVAL BETWEEN buriol-transit QNSET AND DEATH AS CAUSED BY:

| MMEDIATE (AUSE (0) | Carcinoma of oropharynx w/wide spread metastses Vrs signed by DUF TO Conditions, if any, which gave rise ta immediate cause (o), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate hos been os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO Y for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 1B.) OR CONTRIBUTING TO CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour o.m. 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) at wark 21. I certify that (I) (this haspital) attended the deceased from March 29, 1967, to April 9, 1967, that (I) (we) last saw the deceased alive on April 9 19 67, and that death accurred at 1:20AM from causes and on the date stated above 22a. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. April 9, 1967 22d. ADDRESS Deer's Head State Hospital 22c. PHYSICIAN'S director, po L. Maldve M.D. NAME (Type) Salisbury, Maryland 23b. DATE THEREOF 23d. LOCATION (City or Tawn) Maria 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) Princess Anne; Somerset **医杨春春** 4/11/1967 Beechwood Memorial ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE SUNERAL DIRECTOR Princess Anne, VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Wicomico a. COUNTY Maryland Wicomico MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b DOURS Salisbury Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Med within 415 Franklin Ave. 415 Franklin Ave. NO X YES elv 3. NAME DF First Middle DATE Month Day Year Last 4. DECEASED 1967 OTIS event, LATTIMORE WILLEY April 25 compl (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. remove any and Male White WIDOWED J DIVORCED February 14,1906 61 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT physician an please r = 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? and Owner & operator Grocery Store Somerset County Maryland USA certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending permit. Ther Samuel Q. Willey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Emma Washburn INFORMANT 16. SOCIAL SECURITY NO. 17. Address transit permit. (Yes, no, or unkown) (If yes give war or dates of service) death Mrs. Stella F. Willey (Wife) 213-18-5096 Franklin Ave.. Salisbury, the INTERVAL BETWEEN n signed by the burial-transit 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: be retained by the hospital or attending physician. relucer IMMEDIATE CAUSE (a DUF TO Conditions, If any, which (b) the bu gave rise to immediate DUE TO cause (a), stating underlying cause last. **DIRECTOR:** After this certificate has age 3 should be detached for use as led with the State Dept. of Health pric as (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO I YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 21. I certify that (I) (this hospital) attended the deceased from 190 saw the deceased alive on. and that death occurred at 101 M, from the causes and on the date stated above. 19 22b. DATE SIGNED 22a. SIGNATURE filed ATTENDING PHYS. Page 4 may 1 M.D. DIRECTOR PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS director, p should be 1 NAME (Type) Salisbury, Maryland Dr. Wilbur R. Ellis, Jr. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) 0 REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Burial 967 Allen Cemeterv 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 15M 4-64



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05984 requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funeral en please remaye carbon papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY WICOMICO o. STATE b. COUNTY MARYLAND Maryland Wicomico c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Peninsula General Hospital YES NO TX 834 Brown Street NAME OF Middle DATE Month Lost Doy Year DECEASED FRANCIS 196 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years NEVER MARRIED birthdoy) Doys lost Months Hours any WIDOWED DIVORCED April 30, 1892 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired)
Retired - Employee COUNTRY? Lumber Pittsville, Maryland and Company USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Cornelia Holloway Charles D. Wootten attending permit. The 17. INFORMANT Address Miss Mable Wootten (Sister) IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service a 213-18-5494 No Lillian St., Hebron, Maryland crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse as the priar ta has been PART II. OTHER SHONIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO O FUNERAL DIRECTOR: After this certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram. shauld 1967, and that death accurred at 935 M, from causes and an the date stated above. saw the deceased alive on\_ 22b. DATE SIGNED 220. SIGNALURE ATTENDING aren 1967 director, page 3 shauld be filed v PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) neDICAL 211 more NTER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) R.D., Parsonsburg, Maryland Forest Grove Cemetery 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) HOLLOWAY & COMPANY, SALISBURY, MARYLAND 20 M 1/66

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funeral 1 and 2 deeth.	1. PLACE DF DEATH ' e. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE Maryland b. COUNTY	Residence before admission		
24 hours after filled in by the 1 papers. Pages 1 lin 72 hours after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  C. LENGTH OF STAY IN 1t				
24 hours 24 hours papers. Page in 72 hours	Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	Salisbury  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
n 24 y fille pape hin 72	R.D.#5, Zion Road	R.D. #5, Zion Road	YES NO		
completely ve carbon per entretth	3. NAME OF First Middle DECEASED (Type or print) RUDOLPH HOLMES	Last 4. DATE Month OF DEATH April	Day Year 24 19 67		
e e e	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED		DER 1 YEAR IF UNDER 24 HRS		
be ex cian a ase re nd in a	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND DF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12.	COUNTRY?		
ificate g physi en ple oval, a	Maintenance Man Hospital  13. FATHER'S NAME	Sharptown, Maryland	USA		
eath certi attending ermit. Th	Ira W. Wright  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  No. 159-03-9032	Mary Elizabeth Phillips   INFORMANT Address   Mrs. Clara E. Wright (Wife)   R.D.#5. Zion Road, Salisbury	Maryland		
PHYSICIAN: The law requires that the death certificate be exect the hospital or attending physician.  this certificate has been signed by the attending physician and detached for use as the burial-transit permit. Then please remo e Dept. of Health prior to burial, cremation, or removal, and in any	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	un - curest	INTERVAL BETWEEN ONSET AND DEATH		
	Conditions, if eny, which gave rise to immediate Discontinuous Conditions (b) Condenues clouds	heart desease	4.72		
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The late of the control of the contr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  N/A		YES NO		
PHYSICIAN: The law rether the hospital or attend this certificate has detached for use as the Dept. of Health prior		CURRED. (Enter nature of Injury In Part I or Part II of Item	18.)		
ING PHYSI I by the house t	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl Hour a.m. While Not While at work at work	LACE OF INJURY (Home, farm, tory, street, office bidg., etc.)	County) (State)		
OR ATTENDING De retained by INECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from, 1964, to Gurand, 1967, that (I) (we) las saw the deceased alive on, 1967, and that death occurred at 247M, from the causes and on the date stated above				
O HOSPITAL OR ATTENDING R Page 4 may be retained by to C FUNERAL DIRECTOR: After director, page 3 should be c should be filed with the State	22a. SIGNATURE  22c. PHYSICIAN'S	ATTENDING MED STAFE	pril 25/1967		
TO HOSPITAL O Page 4 may E TO FUNERAL DI director, page	NAME (Type) Dr. John T. Bulkeley	Pine Bluff Road, Salisbur			
TO Fag	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE REMOVAL (Specify) April 27,1967 Parsons Ceme	tery Salishury Ma	arvland		
VR A15 (4)	24. FUNERAL DIRECTOR ADDRESS HOLLOWAY & COMPANY, SALISBURY, MARYLAN	25a. REC'D BY REGISTRAR 25b. REGISTR	AR'S SIGNATURE		
15M 4-64	, , , , , , , , , , , , , , , , , , , ,		- 11 - 0		

